

# CHANDIGARH ADMINISTRATION POLICE DEPARTMENT



## ANNEXURE-I

### FORM –I (Clause 20 (1))

#### FORM OF APPLICATION FOR COMPENSATION FROM SOLATUM FUND

I, \_\_\_\_\_ Son of/daughter of /window of\*  
Shri \_\_\_\_\_ residing at \_\_\_\_\_  
having been grievously injured in motor vehicle accident hereby apply for grant of compensation for the grievous injuries sustained. Necessary particulars in respect of the injury sustained by me are given below:-

I, \_\_\_\_\_ Son of/daughter of /Window of\*  
Shri \_\_\_\_\_ residing at \_\_\_\_\_  
hereby apply as legal representative/agent for the grant of compensation on account of death/injuries sustained by Shri/Shrimati/Kumari \_\_\_\_\_  
Son of /Widow of /daughter of Shri \_\_\_\_\_ who  
had died/had sustained injuries in motor vehicle accident on \_\_\_\_\_  
at \_\_\_\_\_. Particulars in respect of accident and other information are given below:-

1. Name and Father's name of Person injured

(husband's name in case of Married women or widow)

2. Address of the person injured/dead

3. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. Sex of the person injured/dead

5. Place, date and time of the accident.

6. Occupation of the person injured/dead

7. Nature of injuries sustained

8. Name and address of the police state in

whose jurisdiction accident took place or was registered.

9. Name and address of the Medical

Officer/Practitioner who attended on the injured/dead

10. Name and address of the claimant

/claimants

11. Relationship with the deceased

12. Any other information that may be

considered necessary or helpful in the disposal of the claim

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

**SIGNATURE OF THE CLAIMANT**

**\* Strike out whichever is not applicable.**

## **ANNEXURE-II**

### **FORM – II**

#### **REGISTER OF DOCUMENTS REQUIRED FOR SOLATIUM SCHEME/ MACT CASES**

(TO BE MAINTAINED BY INCHARGE VICTIM ASSISTANCE CELL,  
SSP/UT OFFICE)

#### **List of Columns of the Register**

1. S.No.
2. FIR No.
3. Police Station

4. Name of Address of deceased/injured
5. Name and Address of next of kin(where

applicable)

6. Documents Received from Police Station
7. Diary of receipt of documents from Police  
Station.

8. Diary No. & Date of dispatch of  
documents to victim.

9. Remarks (Confirmation of receipt of  
documents,additional assistance required  
by victim etc.)