



CHANDIGARH ADMINISTRATION
DISTRICT COURT



**In the Court of the Motor Accident Claims
Tribunal, Chandigarh**

Claim Petition No. _____

... Petitioner

VERSUS

... Respondent

**Application under the Section 166 & 140 of the
Motor Vehicle Act 1988 for grant of Compensation**

Sir,

1. Name & Father's Name of the person injured/dead (Husband's Name in case of married women & widow) : _____
2. Full address of the person injured/dead : _____
3. Age of the person injured/dead. : _____
4. Occupation of the person injured/dead : _____
5. Name & address of the employer of the injured / dead. : _____
6. Monthly income of the person injured/dead. : _____
7. Does the person in respect of whom compensation is claimed pay income tax? If so state the amount of the income tax (to be supported by document): _____
8. Place, date and time of accident : _____



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9. Name & Address of Police Station in whose jurisdiction the accident took place & FIR was registered. : _____
10. Was the person in respect of whom compensation is claimed traveling by the vehicle involved in the accident ? If so, give the name & place of starting the journey and destination. : _____
11. Nature of the injuries sustained. : _____
12. Name & Address of the Medical Officer/Practitioner, if any who attended to the injuries. : _____
13. Period of treatment and expenditure. : _____
14. Registration No. & Type of vehicle involved in accident. : _____
15. Name & address of the owner of offending vehicle. : _____
16. Name & address of the driver of offending vehicle. : _____
17. Name & address of the insurer of the vehicle. : _____
18. Has any claim been lodged with the owner/insurer, if so, with what result. : _____
19. Name & address of the applicant. : _____
20. Relationship with the deceased / injured. : _____
21. Title of the property of the deceased/ injured. : _____
22. Amount of compensation claimed. : _____



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23. Any other information that may be necessary and helpful in the disposal of the case. : _____
24. Prayer : _____

Petitioner

Verification:

Verified at Chandigarh on this the _____ day of _____ 200 _____ that the contents of the above application are true and correct to my knowledge and belief.

Petitioner

Following documents should accompany the petition: -

1. Copy of the FIR registered in connection with said accident, if any.
2. Copy of the MLC/Post Mortem Report/Death Report as the case may be.
3. The documents of the identity of the claimants and of the deceased in a death case.
4. Original bills of expenses incurred on the treatment along with treatment record.
5. Documents of the educational qualifications of the deceased, if any.
6. Disability Certificate, if already obtained, in an injury case.
7. The proof of income of the deceased/injured.
8. Documents about the age of the victim.
9. The cover note of the third party insurance policy, if any.
10. An affidavit in support of the above documents and detailing the relationship of the claimants with the deceased.