

FORM-I
(Clause 20 (1))

FORM OF APPLICATION FOR COMPENSATION FROM SOLATIUM FUND

I, _____ sonog / daughter of / widow of
Shri _____ residing at _____
_____ having been groeviously injured in motor vehicle accident
hereby apply for grant of compensation for the grievous injury sustained by me are
given below :

I, _____ son of/daughter of / widow of
Shri _____ residing at _____
_____ hereby apply as a legal representative/agent
for the grant of co mpensation on account of death/injuries substained by Shri /
Shrimati/Kumari _____
son of /widow of/daughter of Shri _____ who died/had
sustained injuries in amotor vehicle accident on _____
at _____ particularsw in respect of accident and other informa-
tion are given below :

1. Name and fathe's name of person injured (husband's name in case of married woman 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 Police Station in whose Jurisdiction accident took place or was registered
9. Name and address of the Medical Officer/ Practioner 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 desposal 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
CLATMANT**

Strike out whichever is not applicable