

**FORM SR- 49**

**See Rule 204 (1)**

**Application for Compensation under Section 163-A)**

To,

The Motor Accidents/Claims Tribunal

I, ..... son/daughter/widow of .....

residing at

having been injured and / or suffered damage to property in a motor vehicle accident hereby apply for the grant of compensation for the injury sustained and or damage suffered. Necessary particulars in respect of the injury/damage to property, vehicle etc., are given below:

I,.....son/daughter/wife/widow.....  
..... residing at .....

hereby apply as a legal representative/agent, for the grant of compensation on account of death of / injury sustained and/or damage suffered by Sri/Kumari/Srimati .....  
son/daughter/wife/widow of Sri/Srimati .....  
who died/was injured and /or damage suffered in a Motor Vehicle accident. Necessary particulars of the person dead/ injured/and/or damage to property and the vehicles involved in the accident etc. are hereunder;

Name with Father / Husband's name of the person dead / injured and or suffering damage to property

Full address of the person dead / injured and or suffering damage to property.

Age of person injured/dead.

Occupation of the person injured / dead.

Name and address of the employer of the deceased, if any.

Monthly income of the person injured / dead.

Name and age of each of the dependents of the deceased/injured indicating relationship with and also monthly average income of the deceased/injured and the source of such income.

Details of the property damaged and the extent of damage caused.

Does the person in respect of whom compensation is claimed pay income tax? (to be supported by documentary evidence)

Place, date and time of the accident.

Name and address of police station in whose jurisdiction the accident took place or FIR was registered.

Was the person in respect of whom compensation is claimed traveling by the vehicle involved in the accident? If so, give the names of places of starting of journey and destination.

Nature of injuries sustained.

Name and address of the Medical officer / Practitioner, if any, who attended on the dead / injured

Period of treatment and expenditure, if any, incurred thereon ( to be supported by documentary evidence

Registration number and the type of the vehicle involved in accident.

Name and address of the owner of the vehicle.

Name and address of the insurer of the vehicle.

Has any claim- been lodged with the owner/insurer; if so, with what result.

Relationship with the deceased.

Title to the property of the deceased.

Amount of Compensation claimed.

Any other information that may be necessary or helpful in the disposal of the claim.

I have not filed any other application for compensation.

I, ..... therefore request that the amount of compensation in respect of the aforesaid accident may be determined in accordance with the Second Schedule of the Motor Vehicle Act, 1998 and the owner / insurer may be directed to make payment of the compensation so determined, to me, which shall be full and final compensation in respect of the aforementioned accident. I shall not file any other claim in respect thereof under Section 140 and under Section 163-A of the Motor Vehicle Act, 1998

I,..... solemnly declare that the particulars given above are true and correct to the best of my knowledge.

Signature or Thumb impression of the applicant.