Accident Death Claim Affidavit Format

BEFORE THE \_\_\_\_\_ CLAIMS TRIBUNAL, \_\_\_\_

1. Ram.............................

1. wife of ………………………..
2. son of ………………………

2-……………………………….

s/o………………………….

D/o…………………………

s/o…………………………………….

All residents of \_\_\_\_\_

District \_\_\_

at present R/o \_\_\_\_\_

.

…………………………………………………………..PETITIONERS

VERSUS

1-………………………………….

s/o ……………………….

Resi……………………………\_

(Driver of the offending vehicle \_\_\_\_ No. \_\_\_\_)

2- \_\_\_\_

son of \_\_\_\_

resident of \_\_\_\_

(Owner of the offending vehicle \_\_\_\_ No. \_\_\_\_)

\_\_\_\_\_ vide its Insurance Policy No. …………..valid upto ………….. issued from \_\_\_\_ branch office service may be effected through its Branch Manager at \_\_\_\_.

(Insurer of the offending vehicle ………………. No. ……………….)

………………………………………………………..RESPONDENTS

CLAIM PETITION UNDER SECTION \_\_\_ OF THE MOTOR VEHICLE ACT FOR GRANT OF COMPENSATION OF \_\_\_\_/- UNDER NO FAULT LIABLITY UNDER SECTION \_\_\_ OF \_\_\_\_

Sir

The petitioners most respectfully submit as under:-

We, the above-named petitioners being the legal heirs/representatives of deceased \_\_\_\_, do hereby apply for the grant of compensation, who died in the roadside vehicular accident caused by the respondent No.1 by driving the vehicle \_\_\_\_ rashly, negligently, carelessly, without observing the traffic rules, without observing the safety of the others at \_\_\_\_ within the jurisdiction of \_\_\_\_ on \_\_\_\_ at about \_\_\_\_.

The necessary particulars in respect of the vehicle, deceased etc. are given herein below:-

1- Name & father’s name of the person deceased – \_\_\_\_..........................................son of \_\_\_\_.....................

2- Full address of the person deceased – \_\_\_\_Resi……………………

3- Age of the person deceased –

1. Occupation of the person died – \_\_\_\_
2. Name and address of employer – \_\_\_\_
3. Monthly income of the person – \_\_\_\_
4. Does the person in respect of whom the compensation is claimed pay income tax, if so, state the amount of tax paid ? –

\_\_\_\_

1. Place, date and time of accident – The accident took place on \_\_\_\_ at about \_\_\_\_ at \_\_\_\_ within the jurisdiction of \_\_\_\_
2. Name & address of the police Station in whose jurisdiction The accident took place and the case Was registered – Police Station\_\_\_\_ where the FIR No\_\_\_\_ dated \_\_\_\_U/s. \_\_\_\_ IPC was got registered against the respondent No.1
3. Was the person in respect of whom the compensation is claimed was traveling in the motor vehicle involved in the accident – \_\_\_\_
4. Nature of injuries sustained – \_\_\_\_

12- Name & address of the Medical Officer, if any, who attended the deceased – \_\_\_\_

13-Period of treatment and expenditure – if any ? – \_\_\_\_

14- Registration No. & type of the vehicle involved in the accident. – \_\_\_\_

15- Name & address of owner of the offending vehicle – \_\_\_\_

16-Name & address of driver of offending vehicle. – \_\_\_\_

17-Name & address of the insurer of the offending vehicle. – \_\_\_\_

18- Has any claim been lodged with the owner /insurer of the offending vehicle –

\_\_\_\_

19- Name & address of the applicants – \_\_\_\_

20- Relationship with the deceased – \_\_\_\_

21-Titlte to the property of the deceased – \_\_\_\_

22-Amount of compensation claimed – \_\_\_\_

23- Whether the claim petition is within time. – \_\_\_\_

24-Any other information that may be helpful in disposal of the claim petition –

\_\_\_\_.............

25-Brief Description of the Accident:-  That on \_\_\_\_ at about \_\_\_\_ the deceased was going to \_\_\_\_ on his \_\_\_\_ and when he reached near \_\_\_\_ in a very slow and moderate speed on the left side of the road meanwhile the respondent No.1 driving the \_\_\_\_ rashly, negligently, carelessly without blowing any horn and in a high speed hit the \_\_\_\_ of the deceased from \_\_\_\_side while coming towards \_\_\_\_ side. Due to the hit the deceased fell down on the road sustained multiple grievous injuries on his \_\_\_\_ and body. The accident has been caused by the negligent and rash and careless driving by the respondent No.1.

PRAYER:-

It is therefore, prayed that the petition of the petitioners may kindly be accepted and an award of \_\_\_\_ /- (\_\_\_\_ only) under section \_\_\_\_ of the \_\_\_\_ along with interest @ \_\_\_% p.a. from the date of accident till the date of realization of the amount in full may kindly be passed in favour of the petitioners and against the respondents jointly and severally with costs of the petition.

It is further prayer that an award of \_\_\_\_ /- under section\_\_\_\_ of the \_\_\_\_ Act, under No Fault liability may also kindly be passed in favour of the petitioners and against the respondents jointly or severally.

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Through counsel \_\_\_\_

Advocate, \_\_\_\_

VERIFICATION

Verified that the contents of our above petition from Para No.1 to 25 are true and correct to the best of our knowledge and belief. The last Para is the prayer before this Hon’ble Tribunal  
Verified at \_\_\_\_ on \_\_\_\_\_\_\_\_\_\_

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