**MOTOR VEHICLE COMPENSATION**

**IN THE COURT OF MOTOR ACCIDENT CLAIMS TRIBUNAL**

 **AT ……………………**

MAC No:\_\_\_\_\_\_\_\_\_\_\_\_\_ of 20………….…..

…………………………………………………………………………………..Petitioner

 Versus

…………………………………………………………………………………..Respondents

Petition Under Section 166 of the Motor Vehicles Act for the Grant of Compensation to the Petitioner on Account of Damage to his \_\_\_\_\_\_\_\_\_

Respectfully Sheweth:

I, The above named petitioner, do hereby apply for the grant of compensation loss/damage sustained to my property described as \_\_\_\_\_ by use of Motor Vehicle of the respondent No. \_\_\_\_\_\_. The necessary particulars of the \_\_\_\_\_ in question are given as under:-

1. Name and father's name of the claimant: Same as given in memo of parties above.

2. Full address of the property: Resident of : \_\_\_\_\_\_\_

3. Age of the injured: \_\_\_\_\_\_\_ Years.

4. Occupation of the injured: \_\_\_\_\_\_\_ presently

5. Name and address of the deceased/injured : Resident: \_\_\_\_\_\_\_

6. Did the person in whose respect compensation is claimed pay income tax : \_\_\_\_\_\_-\_Yes/No

7. Monthly income :Rs. \_\_\_\_\_\_\_

8. Place, date and time of accident : Accident took place at \_\_\_\_\_\_\_

9. Name of police station : PS : \_\_\_\_\_\_\_

10. Was the person in whose respect the compensation is claimed traveling in the bus and if so than the place of start of journey & destination: The person in whose respect the compensation is being claimed was traveling in the \_\_\_\_\_\_\_

11. Nature of the loss/injury sustained by the property: The \_\_\_\_\_\_\_

12. Name and address of the person who attended/visited the property: \_\_\_\_\_\_\_

13. Period of treatment and expenditure: The injured/deceased remained under treatment from \_\_\_\_\_\_\_

14. Registration and type of vehicle involved in the accident:

Regn No. \_\_\_\_\_\_\_

15. Name of the insurer: Not known. \_\_\_\_\_\_\_

16. Has any claim been lodged with the insurer : \_\_\_\_\_\_\_\_\_Not known.

17. Name and address of the owner of the vehicles: Same as given in memo of parties above.

18. Name and address of the applicant: Same as given in memo of parties above.

19. Relation with the deceased/injured : The petitioner \_\_\_\_\_\_\_

20. Title to the property : The \_\_\_\_\_\_\_

21. Amount of compensation: - Injury \_\_\_\_\_\_\_ - Love & Affection \_\_\_\_\_\_\_ - Medical Expenses \_\_\_\_\_\_\_ Images \_\_\_\_\_\_\_ - Pain & mental Agonies \_\_\_\_\_\_\_ - Loss of Marital Bliss \_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Any other information which may be necessary for the disposal of the claim: The \_\_\_\_\_\_\_\_

23. Reasons or grounds for late submission of claim application on which condonation of delay is claimed. The claim application is within the period of limitation.

24. Cause of Accident with brief description : The accident took place due to rash and negligent driving of the driver of the vehicle. \_\_ It is, therefore, respectfully prayed that the petition may kindly be allowed and the petitioner may kindly be awarded compensation amounting to Rs. \_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_ and interest thereon @18% per annum till payment against all the respondents jointly and severally.

…………………………………..

Petitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through, Advocate

Verification:

I, the above named deponent do hereby verify that the contents of this affidavit of mine are true and correct to the best of my knowledge and belief.

Verified at ……………….. this the -- day of .\_\_\_\_\_\_\_ Petitioner

**IN THE COURT OF MOTOR**

**ACCIDENTS CLAIMS TRIBUNAL**

**AT …………………………**

………………………………………………………………Petitioner

Versus

……………………………………………………….……Respondents

Application Under Section 140 of The Motor Vehicles Act For Compensation On Account Of No Fault Liability

Respectfully Sheweth :

1. That the petitioner hereinabove has filed an application under the Motor Vehicle Act in this Hon'ble Court, hearing/final disposal whereof will take some time.

2. That it is apparent from perusal of grounds and documents attached therewith that the petitioner has prima facie a very good case in his favour and the petition is bound to succeed.

3. That the balance of convenience is clearly in favour of making of an interim order granting a sum of Rs. ……………………..- on account of No Fault Liability to the petitioner pending disposal of the petition.

4. That interest of justice demands that the respondents are directed to deposit and pay a sum of Rs. …………………………- to the petitioner as admittedly the \_\_\_\_\_\_\_\_\_\_\_\_\_\_death/permanent disablement has been occasioned by the use of the vehicle of the respondents and the same is amply evident from the perusal of grounds of petition and the documents attached therewith.

5. It is, therefore, most humbly prayed that this application may kindly be allowed and the respondents be directed to deposit and pay a sum of Rs. ………………..… to the petitioner under the Act on account of No Fault Liability in interest of justice.

FOR THIS ACT OF KINDNESS, THE HUMBLE APPLICANT AS IN DUTY BOUND, SHALL EVER PRAY.

……………………….

Petitioner

\_\_\_\_\_\_

Through, Advocate

**IN THE COURT OF MOTOR ACCIDENTS CLAIMS TRIBUNAL**

**AT …………………………**

MAC No.: \_\_\_\_\_\_ of 20……..

…………………………………………………………………..Petitioner

Versus

………………………………………………………..Respondents

Affidavit in support of Application under Section 140 of the Motor Vehicles Act

I,\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby solemnly affirm and declare as under :-

1. That the accompanying application has been prepared under my instructions.

2. That the contents of paras 1 to 5 of the accompanying application are correct and true to the best of my knowledge.

3. That I further solemnly affirm and declare that this affidavit of mine is correct and true, no part of it is false and nothing material has been concealed therein.

Affirmed at …………………………….. this the \_\_\_\_\_\_.

Deponent

In the above noted suit every summons, notice & other order may be served on me on the address given above during the pendency of the suit. Change of Address will be intimated to the Court.

Dated : \_\_\_\_\_\_

Plaintiff/Petitioner

Defendant/Respdt

Through, Advocate

PROCESS FEE

**In the Court of : Motor Accidents Claims Tribunal**

**at…………………..**

…………………………………………………………………………….

Versus

……………………………………………………………………………..

Claim : Accident Claim\_\_\_\_\_\_

Petitioner For the service of respondents:-

Advocate

Received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court-fee stamp of the value of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ with

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ copies in

case No. \_\_ of 20………

………………………………………………………………………….

 Vs

………………………………………………………………………

Signature of the Head Notice Writer

Under Order 7 Rule 13 (1) CPC

List of documents filed by Plaintiff

In the Court of : Motor Accidents Claims Tribunal at Coimbatore

…………………………………………………………………………….

 Versus

………………………………………………………………………………..

Date Of Hearing: \_\_\_\_\_\_

 Suit for : Claim

Date of Production :\_\_\_\_\_\_

S.No Details, Date What is If documents If Rejected Documents Intended Filed what is then the to be the Exh marked date of Proved from on it return of Documents

To prove petitioner's case

1. FIR

2. Postmortem Report \_\_\_\_\_\_

3. School Leaving Certificate \_\_\_\_\_\_

4. Income Certificate \_\_\_\_\_\_

Date: \_\_\_\_\_\_

Counsel for Plaintiff/Defendant

List of Document Relied Upon

Under Order 7 Rule 14 CPC Filed by : \_\_\_\_\_\_

**In the Court of : Motor Accidents Claims Tribunal**

at………………………………

…………………………………………………………………..

 Versus

……………………………………………………………..

Suit : Claim Petition Date of hearing:

----------------------------------------------------------------

1. Have you produced any Yes Sir, as per list. documents with the plaint so, what are those document.

2. Do you wish to produce any more Yes sir, if required. documents which are in your possession and custody if so, what are those documents.

3. Do wish to relay upon any Yes sir, later on from other documents, if so in various authorities.

whose possession they are and what are those documents. -----------------------------------------------------------

Counsel for Dated : \_\_\_\_\_\_