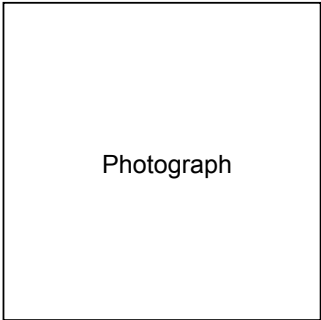


**FORM CTA**  
**FORM OF APPLICATION FOR THE**  
**GRANT OF COMPENSATION BY THE CLAIMS TRIBUNAL**

To: The Motor Accident Claims Tribunal -----  
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I, ----- son/daughter/wife/widow of Mr-----  
-----Residing at-----  
having been injured in motor vehicles accident hereby apply for the grant of compensation for the injury sustained.

OR

I, -----son/daughter/wife/widow of Mr-----  
-----residing at----- hereby  
apply as a legal representative/agent for the grant of compensation on account of injury/death sustained by Mr./Mrs./Miss/Master-----  
son/daughter/wife/widow of Mr. ----- who was injured/ died in a motor vehicle accident.

Necessary Particulars in respect of the injured/deceased, the vehicle, etc. Are given below.

- (1) Name and fathers name of the persons -----  
(injured/deceased Husband's -----Name in case of married woman/ Widow).
- (2) Full address of the person injured/Deceased:-----
  - (a) Permanent address-----
  - (b) Present address-----
- (3) Full name and address of the person who identified  
The injured/ deceased: -----
  - (a) Full name: -----
  - (b) Address: -----
- (4) Age of the person Injured/dead -----
- (5) Occupation of the person: -----injured
- (6) Name and address of the employer of the -----  
Injured/deceased.
- (7) Monthly income of the person-----  
Injured/deceased.
- (8) Does the person in Respect of whom compensation is  
Claimed pay income tax'?-----

If so, state the amount of income tax

(to be supported by documentary evidence). : -----

(9) Name and address of

son/ daughter/wife/legal Guardian/legal-----

(1)-----

(2)-----

(3)-----

(4)-----

(5)-----

(10) Is the application made: -----

In favor of all the heirs of the: -----

Injured/ deceased? : -----

(11) Place, date and time of accident. -----

(12) Name and address of the: -----

police station in whose jurisdiction -----

the accident -----

took place or was registered

(to be supported by documentary evidence).-----

(13) Was the person in respect of whom compensation is claimed -----?

traveling by the vehicle the amount of -----

income tax (to be supported by documentary evidence):-----

Name and address of son/ daughter/wife/legal -guardian/legal -----

(14)N(14)Nature of injuries sustained -----

(15) Name and address of Medical Officer /Registered Medical Practitioner who attended

on the injured/dead (to be supported by documentary evidence).-----

(16) Period of treatment and expenditure, if any, incurred thereon to be supported documentary

evidence).-----

(17) Registration No. and type of the vehicle involved in the accident. -----

(18) Name and address of the owner of the vehicle.-----

(19) Name and address of the insurer of the vehicle-----

(if possible attach a photo copy of the insurance certificate).-----

(20) Has the claim been lodged with the owner' -----

If so, with what results :'------

(21 ) Name and permanent address of the applicant. -----

(22) Relationship with the injured/deceased.-----

(23) Name and address of tile person who may -----

identify the applicant-----

(24) Title to the property of the deceased. -----

(25) Amount of compensation claimed -----

(26) Name and address of the Banker -----

through which the applicant desire to receive the payment.-----

-----  
(27) Name and address of the surety -----

-----  
(28) Any other information that may be necessary or helpful in the disposal of the claim. -----

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I \_\_\_\_\_ solemnly declare that the particulars given above are true and correct to the best of my knowledge. I shall be liable to any legal action if the compensation is obtained by fraud or misrepresentation and shall return the money so received.

Duplicate signature or  
thumb impression of applicant

Signature or thumb impression of the  
The applicant.

\_\_\_\_\_

Signature of the identifier.

\_\_\_\_\_

Signature of the surety.

\_\_\_\_\_

Certified that to the best of my knowledge and belief the particular given are true and correct and the applicant is the legal representative of the injured/deceased.

Signature of the endorsing officer.

Designation\_\_\_\_\_

Official seal\_\_\_\_\_

Copy forwarded for favour of information to :-

1.Maintenance Inspector-cum-Inspector of  
Motor Vehicles,-----Zone-----

2. The owner of vehicle No-----

3. The insurer of the vehicle-----

FORM-1

Form for the Registration of Application the Grant of  
compensations by the claims Tribunal.

- (1) Serial number-----
- (2) Date of receipt of the application -----
- (3) Name and name of father or: -----  
husband (in the case of married woman) of the applicant.-----
- (4) Address of the applicant. -----
- (5) Place, date and time of accident -----
- (6) Registration number and type of the vehicle-----  
involved.
- (7) Name and address of the owner -----
- (8) Name and address of the insurer of the vehicle -----  
involved.
- (9) Amount of compensation claimed-----
- (10) Decision on the application -----
- (11) Remarks-----