

37. Claims Tribunal shall deal with the compliance of the provisions in the award

The Claims Tribunal shall incorporate the summary of computation of compensation in the award in Form-XV for death cases and in Form-XVI for injury cases. The Claims Tribunal shall also incorporate the compliance of the procedure prescribed in this Annexure in Form XVII.

38. The Claims Tribunal shall fix a date for reporting compliance

(1) The Claims Tribunal shall fix a date for reporting of compliance with the procedure in this Annexure, and shall direct the Insurance Company, and/or driver/owner to place on record the proof of deposit of the compensation amount with upto date interest, the notice of deposit and the calculation of interest on the date so fixed. Upon such proof being filed, the Claims Tribunal shall ensure that the interest upto the date of notice of deposit has been deposited by the party concerned.

(2) If the award amount is not deposited within the stipulated period, the Claims Tribunal shall, after expiry of ninety (90) days from the date of an award, on an application by the Decree Holders in this regard, execute the award in accordance with sub-section (4) of sections 169 and section 174 of the Motor Vehicles Act, 1988.

(3) The Claims Tribunal shall execute its award in terms of the principles laid down by the Supreme Court in this regard, and if the award of the Claims Tribunal is stayed by the High Court in appeal, the Claims Tribunal shall close the matter with liberty to the claimant(s) to revive it after the decision of the appeal.

39. Copy of the DAR as well as the award to be sent to the concerned criminal court

The Claims Tribunal shall send a certified copy of the award to the concerned criminal court. The Investigating Officer shall submit a copy of the DAR before the concerned criminal court within seven days of submitting the same before the Claims Tribunal. The Investigating Officer shall also submit the copy of the award passed by the Claims Tribunal before the concerned criminal court within seven days of the passing of the award.

40. Copy of the award to be sent to the State Legal Services Authority

The Claims Tribunal shall send the copy of the award to the State Legal Services Authority.

41. Record of awards of the Claims Tribunal

The record of the awards passed by the Claims Tribunals shall be maintained in a chronological order according to the date of the award in such a manner that it is easy for the litigants/lawyers to ascertain whether the compensation has been received or not. The format of the record of the awards shall be in Form-XVIII.

42. Victim Impact Report (VIR) to be filed by State Legal Services Authority before the concerned criminal court

After the conviction of the driver in the criminal case, the concerned criminal court shall send the copy of the judgment as well as the affidavit of the accused with respect to his assets and income to the State Legal Services Authority, and they shall conduct a summary inquiry and submit a Victim Impact Report (VIR) before the concerned criminal court within thirty (30) days of the conviction, as per Form-XII.

FORM-I

FIRST ACCIDENT REPORT (FAR)

By Investigating Officer to Claims Tribunal
Within 48 hours of the receipt of intimation of the Accident
Copy to Victim(s) and Insurance Company and State Legal Services Authority(SLSA)

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident	
2.	Time of Accident	
3.	Place of Accident	

4.	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police Others (Specify)
	Name, mobile number & address of the Informant	
	Name	
	Mobile No.	
	Address	
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number of Vehicles involved	
	Whether Registration	Yes No
	Number of the Offending Vehicle known	
	Whether offending Vehicle impounded by the police	Yes No
	Whether the driver of the offending vehicle found on the spot	Yes No
	Number of Fatalities	
	Number of Injured	
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	
	Address	
	Doctor's Name	
7.	Availability of CCTV Footage	Yes No
	If yes, CCTV Footage be	

	preserved and be filed with DAR	
8.	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)	
	Details	Vehicle 1 (Offending vehicle)
	Vehicle 2	
	Vehicle Details	
	Vehicle Registration No.	
	Driver Details	
	Name of the Driver	
	Address of Driver	
	Mobile No. of Driver	
	Owner Details	
	Name of the Owner	
	Address of Owner	
	Mobile No. of Owner	
	Insurance Details	
	Insurance Policy No.	
	Period of Insurance Policy	
	Name of Insurance Company	
	Address of Insurance Company	
9.	Details of Victim(s)	
	Name	Deceased /Injured
		Address & Contact Details
i.		
ii.		

iii.			
iv.			
v.			
vi.			
10. Other Accident Details			
i.	Reporting Date & Time		
ii.	Landmark		
iii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Death
	Drivers		
	Passengers		
	Pedestrians		
	Animal		
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi.	Collision Nature	Head on Collision Hit Parked Vehicle Hit tree Hit Fixed/Stationary Object Hit from Back Hit from Side Run off Road Overturn Skidding /Overtrun Sideswipe Vehicle Fell in Gorge/Ditch/Well Vehicle Fell in River	
vii.	Initial Observation Of accident scene	Non Provision of Parapets/Crash Barrier on Outer Curve Long Distance Covered/Driver Restless	

		<p>Fell Down From Vehicle</p> <p>Illegal Parking on Road</p> <p>Blind Bend / Curve</p> <p>Alcohol abuse</p> <p>Carrying people in loaded vehicle</p> <p>Changing lane without care</p> <p>Dangerous Overtaking</p> <p>Distraction to Driver</p> <p>Driving against flow of traffic</p> <p>Drugs Abuse</p> <p>High Speed</p> <p>Inattentive Turn</p> <p>Accident Due to road Condition</p> <p>Accident Due to Weather Condition</p> <p>Accident due to Heavy Traffic</p> <p>Non-respect of rights of way rules</p> <p>Red Light jumping</p> <p>Overloaded</p> <p>Accident due to Vehicle Defect</p> <p>Over speed while crossing Zebra crossing</p> <p>Over speed while crossing speed breaker</p>
viii.	Weather Condition	<p>Sunny / Clear</p> <p>Cloudy</p> <p>Light Rain</p> <p>Heavy Rain</p> <p>Flooding of Causeway / Rivulets</p> <p>Hail/ Sleet</p> <p>Snow</p> <p>Smoke/ Dust</p> <p>Strong Wind</p> <p>Cold</p> <p>Hot</p>
ix.	Light Condition	<p>Day</p> <p>Twilight</p> <p>Darkness with street lights on</p> <p>Darkness with poor street light</p> <p>Darkness-No street light</p>
x.	Accident Spot	<p>Residential Zone</p> <p>Market Zone</p>

		Institutional Zone Open Commercial Zone School Zone College Zone Other Educational Institutional Zone (Specify) Govt. Institutional Zone Hospital Zone Industrial Zone Harbour Zone
xi.	Visibility	Less than 25 Meters 25 Meters 50 Meters 75 Meters 100 Meters and Above
xii.	Load Condition (1)	Excess Passengers Normally Loaded Empty Not Known
xiii.	Load Condition (2)	Excess Goods Goods Overheight Goods Rear Overhanging Goods Side Overhanging Normally Loaded Empty Not Known
xiv.	Road Classification	Expressway National Highway State Highway Major District Road Other District Road Village Road Arterial Road Sub Arterial Road Collector Road Local Road
xv.	Local Body	Corporation Municipality Panchayat

S.H.O./I.O

xvi. P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____

Documents to be attached:

- ii. Copy of FIR

Images/ Videos to be attached:

- i. Main Resting Place of Vehicle
- ii. Damage to Vehicle
- iii. Damage to Property
- iv. Obstructions of Objects on Road
- v. Junction/ Road Type
- vi. Road Surface
- vii. Skid Marks
- viii. Surroundings
- ix. Any feature which might have contributed to the accident
- x. Other Images
- xi. Other Vide

FORM-II

RIGHTS OF VICTIM(S) OF ROAD ACCIDENT AND FLOW CHART OF THE SCHEME MENTIONED BELOW

To be handed over by Investigating Officer to the
Victim/Family Members/Legal Representatives within 10 days of the accident

1. Right to immediate medical aid and treatment.
2. Right to copy of FIR.
3. Right to copy of First Accident Report (FAR) in Form - I.
4. Right to copy of Rights of Victim and Flow Chart of this Scheme in Form -II.
5. Right to copy of Driver's Form-III along with the documents.
6. Right to copy of Owner's Form-IV along with the documents.
7. Right to copy of Interim Accident Report (IAR) in Form-V along with the documents.
8. Right to blank copy of format of Victim's Form-VI and Form-VIA.
9. Right to copy of Detailed Accident Report (DAR) in Form-VII along with the documents.
10. Right to copy of Insurance Form-XI.
11. Right to copy of Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974).
12. Right to copy of Victim Impact Report in Form-XII.
13. Right to copy of MLC and Postmortem Report.
14. Right to free legal aid from State Legal Services Authority.
15. Right to appear before the Claims Tribunal in person or through lawyer.

16. Right of a minor child/ children (18 years or below) of the victim to be referred to the Child Welfare Committee by the IO for Inquiry into their needs and status.
17. Right of a minor child/ children (18 years or below) of the victim to have the Child Welfare Committee conduct an Inquiry through the District Child Protection Officer into their well-being, medical needs, security, nutrition, etc.
18. Right of a minor child/ children (18 years or below) of the victim to get all benefits of Juvenile Justice (Care and Protection of Children) Act, 2015 in case the Child Welfare Committee returns a finding of a child being a Child in Need of Care and Protection (CNCP).
19. Right of such minor child/children of the Victim to be placed in a Children's Home in case both the parents died or the surviving parent is unable to take care of the child, as provided under the Juvenile Justice (Care and Protection of Children) Act, 2015.
20. Right to receive compensation under the Scheme for Motor Accident Claims formulated by the Delhi High Court.

Flow Chart of the aforesaid Scheme is attached herein.

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____

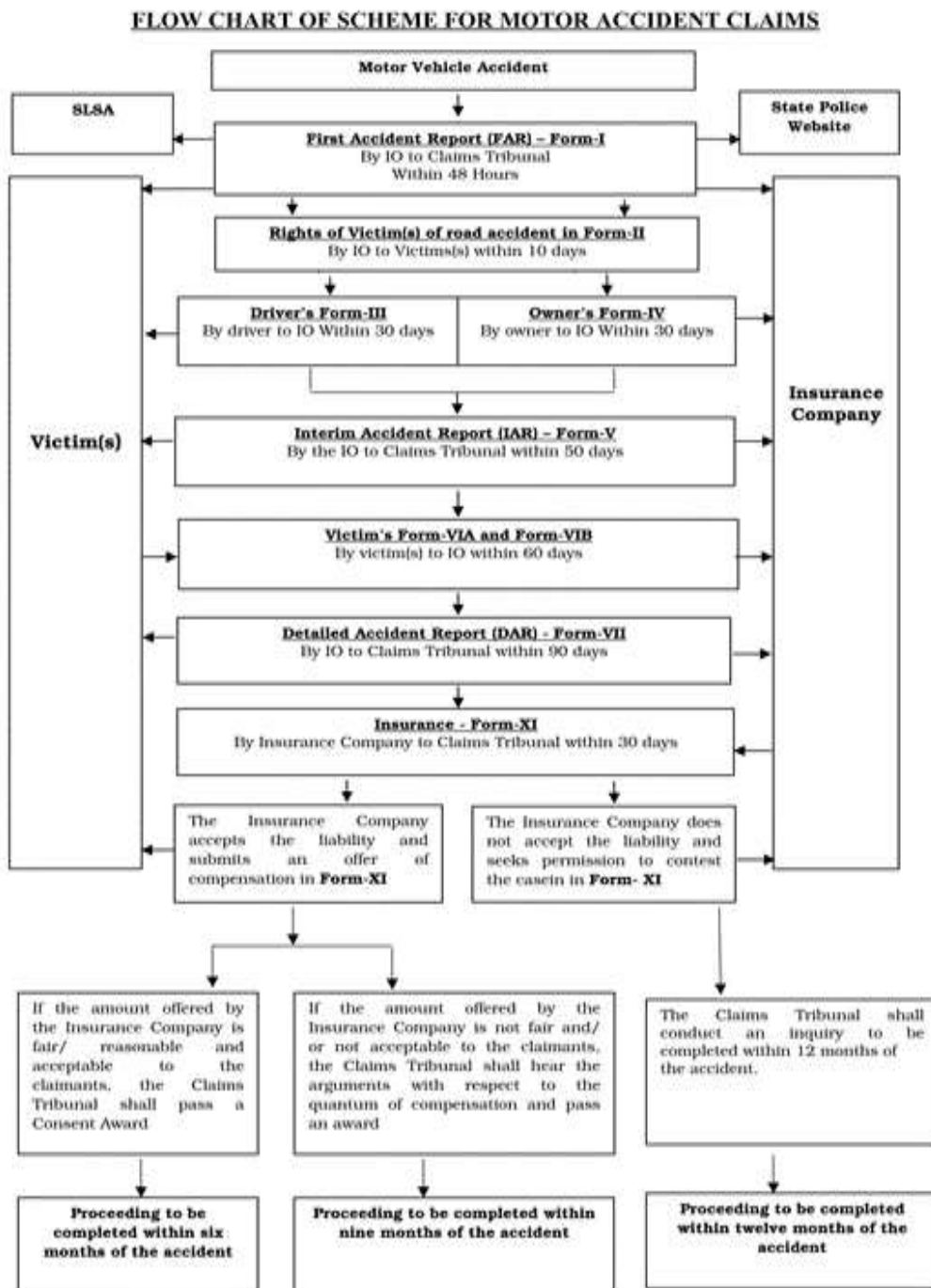
Acknowledgement of the Victim/Family Members/Legal Representatives

I have received this Form and the Flow Chart of the Scheme along with the copy of a blank Victim's Form-VI and Form-VIA.

Victim/Family Members/Legal Representatives

Date : _____

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS



FORM-III

DRIVER'S FORM

By Driver of the vehicle(s) to Investigating Officer
 Within thirty (30) days of the Accident
 Copy to Victim(s) and Insurance Company

FIR No.	
Date	
Under Section	
Police Station	

1.	Driver Details	
	Name	
	Father's Name	
	Mobile No.	
	Address	
2.	Age/Date of Birth	
3.	Gender	Male Female Other
4.	Educational Qualifications	Primary Senior Secondary Certificate Higher Secondary Certificate Graduate Postgraduate Doctorate Uneducated
5.	Occupation	Private Service Government Job Professional Agriculture Self-Employed Others
6.	Monthly Income	Rs.
7.	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
8.	Driving Licence No.	
9.	Period of Validity of Licence	
10.	Licensing Authority	

11.	Vehicle Registration No.	
12.	Vehicle Type	
13.	Owner Details	
	Name	
	Mobile No.	
	Address	
14.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
15.	Other details	
i.	Nationality of Driver	Indian Foreigner
ii.	Occupation of Driver	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee

		Leg Neck Not Applicable Shoulders Injury Abdominal
iv.	Cell Phone Driving?	Yes No Not Known
v.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
vi.	Seatbelt/ Helmet	Yes No Not Known
vii.	Drunk Driving	Yes No Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle
ix.	Hospitalization delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
x.	Driving License Type	Known Unknown Without License LLR Not Applicable Juvenile

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

- i. ID/address proof
- ii. Driving Licence
- iii. Insurance Policy

FORM-IV

OWNER'S/ INSURED'S FORM

By Owner of the vehicle(s) to Investigating Officer
 Within thirty (30) days of Accident
 Copy to the Victim(s) and Insurance Company

FIR No.	
Date	
Under Section	
Police Station	

1.	Vehicle Details	
	Registration No.	
	Colour	
	Make	
	Model	
	Year of Manufacture	
	Chassis No.	
	Engine No.	
	Registering Authority Name	
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle	

		Public Service Vehicle Educational Institute Bus Others (Specify)
2.	Owner Details	
	Name In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988	
	Father's Name	
	Mobile No.	
	Address	
	Occupation	
3.	Driver Details	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence No.	
	Period of Validity	
	Licensing Authority	
4.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of Insurance Company	
	Details of previous Insurance Policy	
	Whether the vehicle previously involved in any MACT case? If yes, give details of FIR and MACT case.	
5.	In case of commercial vehicle	
	Permit details	
	Fitness details	
6.	Whether the owner reported the accident to the Insurance Company	Yes No
7.	Other details	
i.	Load Category	Passengers Goods
ii.	Age of vehicle	

iii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
iv.	Pollution under Control Certificate Validity	
v.	Tax Details	
vi.	Seat Capacity	
vii.	Insurance Company	

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

- i. ID/address proof
- ii. Registration Certificate
- iii. Driving Licence of the Driver
- iv. Insurance Policy
- v. Permit
- vi. Fitness

FORM-V

INTERIM ACCIDENT REPORT (IAR)

By Passenger(s) and Pedestrian(s) to Investigating Officer to Claims Tribunal
Within fifty (50) days of Accident
Copy to Victim(s) and Insurance Company and SLSA

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident	
2.	Time of Accident	
3.	Place of Accident	
4.	Offending Vehicle	
	Registration No.	
	Vehicle Make	
	Vehicle Model	
5.	Driver of the offending vehicle	
	Name	
	Father's Name	

	Mobile No.	
	Address	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
	Driving Licence No.	
	Validity of Licence	
	Licensing Authority	
	6.	Owner of the offending vehicle
	Name	
	Father's Name	
	Mobile No.	
	Address	
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	
8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of the Insurance Company	
9.	Witness(es) to the accident	
	Witness-1: Name	
	Mobile No.	
	Address	
	Witness-2: Name	
	Mobile No.	
	Address	
	Witness-3: Name	
	Mobile No.	
	Address	
	Witness-4: Name	
	Mobile No.	

	Address	
10.	Brief description of the Accident	
11.	Details of compliance(s)	
i.	Date of filing of First Accident Report (FAR)	
ii.	Date of uploading FAR on the website of Delhi Police	
iii.	Date of delivery of FIR and FAR to the Insurance Company	
iv.	Date of delivery of FIR, Form-II and FAR to the Victim(s)	
v.	Date of receipt of Form-III from the Driver	
vi.	Date of receipt of Form-IV from the Owner	
vii.	Date of delivery of Form-III and Form-IV to the Insurance Company	
viii.	Date of delivery of Form-III and Form-IV to the Victim(s)	
ix.	Whether the information/ documents of the driver/owner have been verified. If yes, attach the Verification Report.	Yes No
12.	Passenger details	
i.	Gender	Male Female TG
ii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Severity	Fatal

		Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iv.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
v.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle
vi.	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
vii.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
viii.	Passenger Position	Back Truck or Pick up Bus Passenger Front Seat Other Pillion Rider

		Rear Seat
ix.	Seatbelt/ Hemet	Yes No Not Known
x.	Passenger Action	Standing Sitting Boarding Falling Alighting
xi.	Nationality	Indian Foreigner
13.	Pedestrian Details	
i.	Gender	Male Female TG
ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iii.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle
iv.	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
v.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
vi.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand

		Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
vii.	Pedestrian Position	At the Pedestrian Crossing Within 50 meters of Pedestrian Crossing At the Traffic Island At the Footpath At the Shoulder of the Road At the Right Hand Side of the Road At the Centre of Road
viii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
ix.	Nationality	Indian Foreigner

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____

Documents to be attached:

- i. First Accident Report (FAR)
- ii. Driver's Form-II along with documents submitted by the Driver
- iii. Owner's Form-III along with documents submitted by the Owner
- iv. Verification Report

FORM-VI

VICTIM'S/ CLAIMANT'S FORM

By Victim(s)/ claimant(s) and Medical Officer(s) to Investigating Officer within sixty (60) days of Accident
Copy to Insurance Company and SLSA

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident	
2.	Time of Accident	
3.	Place of Accident	
4.	Nature of case	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury
5.	Registration Number of the offending vehicle	
6.	Owner Details	
	Name	
	Address	
7.	Driver Details	
	Name	
	Address	
8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
DEATH CASE		
9.	Name of the deceased	

10.	Father's Name				
11.	Age / Date of Birth				
12.	Date of death				
13.	Gender of the deceased				
14.	Marital status of the deceased				
15.	Occupation of the deceased				
16.	If the deceased was employed, give the name and address of the employer				
17.	Income of the deceased				
18.	Whether the deceased was assessed to Income Tax If yes, file the copy of Income Tax Returns for the last three years			Yes	No
19.	Whether the deceased was the sole earning member of the family			Yes	No
20.	Details of medical treatment given to the deceased, prior to death. Give details of medical expenses incurred				
21.	Whether the victim got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme If yes, provide details				
22.	Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased				
	Name	Age / Date of Birth	Gender	Relation	Marital Status
i.					
ii.					
iii.					
iv.					
v.					

vi.				
23.	Name, Contact Number and Address of Legal Representatives of the deceased			
	Name	Contact Number	Present Address as well as Permanent Address	
i.				
ii.				
iii.				
iv.				
v.				
vi.				
24.	In case of children below the age of 18 years			
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child
i.				
ii.				
iii.				
iv.				
v.				
vi.				
INJURY CASE				
25.	Name of the Injured			
26.	Father's Name			
27.	Address of the Injured			
28.	Contact No. of Injured			
29.	Age / Date of Birth			
30.	Gender of the Injured			
31.	Marital status of the Injured			
32.	Occupation of the Injured			
33.	If the Injured was employed, give the name and address of the employer			
34.	Income of the Injured			
35.	Whether Injured assessed to Income Tax If yes, file the copy of Income Tax Returns for the last three years		Yes No	

36.	Nature and description of Injury			
37.	Medical treatment taken by the Injured			
38.	Name of hospital and period of hospitalization Hospital Name Period of Hospitalization Doctor's Name			
39.	Details of surgery(s), if undergone			
40.	Whether any permanent disability If yes, give details		Yes	No
41.	Details of the family of the Injured			
	Name	Age / Date of Birth	Gender	Relation
i.				
ii.				
iii.				
iv.				
v.				
vi.				
42.	In case of children below the age of 18 years			
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child
i.				
ii.				
iii.				
iv.				
v.				
vi.				
43.	Pecuniary Losses suffered			
i.	Expenditure on treatment			

ii.	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment	
iii.	Expenditure on conveyance, special diet, attendant charges, etc.	
iv.	Loss of income	
v.	Loss of earning capacity	
vi.	Any other pecuniary loss/ damage	
44.	Whether the injured got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme If yes, provide details	Yes No
45.	Value of loss/ damage to the property	
46.	Any additional information	
47.	Brief description of the accident	
48.	Compensation claimed	
49.	Hospital details	
i.	PMJAY Empanelled	Yes No
ii.	Hospital name	
iii.	State	
iv.	District	
v.	Address	
vi.	Pincode	
vii.	Hospital Type	Government Private
viii.	Classification (if Government)	Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions
ix.	Speciality (if Private)	Multispecialty hospital

		Allergy Anesthesia Bariatric Medicine/Surgery Burn/Trauma Cardiac Catheterization Cardiology Cardiovascular Surgery Dermatology Electrophysiology Emergency Medicine Endocrinology Family practice Gastroenterology General Surgery Geriatrics Gynecology/ oncology Hematology/ oncology Hepatobiliary Hospitalist Infectious Disease Internal medicine Interventional radiology Medical genetics Neonatology Neuroradiology Neurology Neurosurgery Nuclear medicine Obstetrics & Gynecology Occupational Medicine Ophthalmology Oral Surgery Orthopedics Otolaryngology / Head & Nech Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine
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		Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT
x.	Mobile	
xi.	National Identification Number (NIN)	
xii.	Landline	
xiii.	E-Mail	
xiv.	Username	
xv.	Password	
xvi.	Retype Password	
xvii.	Hospital Location	
xviii.	Police District	
xix.	Police Station	
50.	Patient's details	
i.	Patient Type	Medico Legal Death – Out Patient(MLD-OP) Medico Legal Death - In Patient(MLD-IP)
ii.	In Patient/Out Patient	
iii.	Time of Arrival	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	Male Female TG
viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized

		Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	Father Guardian
x.	Relation (if Female)	Father Mother Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	Identification Mark 2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	
i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag / Triage	Red Yellow

		Green Black No Pre-Arrival Intimation Not recorded or inadequately described
iii.	Injury Nature	Blunt Abdominal Trauma Cranial Trauma Fracture or Dislocation of Bone or Tooth Severe Coma Permanent Disfigurement of Head or Face Privation of any Member or Joint Wounds or Cut Degloving Injury
iv.	Level of Consciousness	Alert Drowsy Un Responsive
v.	Breathing	Spontaneous Breathing Non Spontaneous Breathing
vi.	Systolic BP (MM)	
vii.	Diastolic BP (MM)	
viii.	Pulse/Heart Rate (BPM)	
ix.	Respiratory Rate	
x.	SPO2 (%)	
xi.	Temperature (°F)	
xii.	Orientation	Oriented Disoriented
xiii.	Description of Pupil	Equal in Size - Normal Reaction Not-Equal Constricted Dilated and Fixed
xiv.	Physical Examination	Open or Closed suspected Skull Fracture Chest Injury including Pneumothorax Not recorded / Inadequately described Suspected Pelvic Injury Spinal Injury Crush Injury including Degloving Pre-hospital data unavailable Amputation proximal to wrist and make Penetrating to Head, Neck, Torso

xv.	Treatment	Surgical Management Conservative Management
xvi.	Opinion Obtained	Cardiac Opinion ENT Opinion Gastro General Physician General Surgeon Internal Medicine Neurosurgeon Ophthalmology Ortho
xvii.	X Rays Done	Head/Skull Cervical Spine Thoracic spine Lumbar spine Chest Abdomen/pelvis Kidney, Ureter & Bladder Upper Limb Lower Limb X Ray Not done X Ray Not Needed Not recorded or Inadequately described
xviii.	CT Scan	Head/Skull Spine Chest Abdomen/pelvis Other CT Scan Not done CT Scan Not Needed Not recorded or Inadequately described Doppler ultrasound Fast extended focused Ultra Scan
xix.	Emergency Department Disposition	Discharged Home Left against medical advice Ward Transferred to another hospital Operation theatre

		Intensive care unit Died in Emergency Disposition Brought Dead
52.	History as stated by the Injured	
53.	Details of Injuries	
54.	Discharge Summary	
i.	Name of the doctor	
ii.	Doctor Regn No.	
iii.	Condition at admission	
iv.	Results of clinical investigation if any	
v.	Injuries diagnosed other than those noted in the Wound Certificate, if any	
vi.	Details of treatment given, including those of surgical and other procedures if any	
vii.	Condition at discharge	
viii.	Advice given at the time of discharge regarding further treatment if necessary	
ix.	Remarks if any	
55.	Drunkenness Certificate	
i.	Whether under arrest or not	Yes No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered Soiled Torn
viii.	General Disposition	Calm Talkative Abusive Aggressive
ix.	Self Control	Normal Impaired
x.	Memory	Normal Impaired
xi.	Orientation of time & space	Normal Impaired
xii.	Reaction time	Normal Delayed
xiii.	Gait	Normal

		Unsteady Unable to stand upright
xiv.	Finger nose test	Positive Negative
xv.	Romberg's sign	Positive Negative
xvi.	Special examination (Blood & urine)	Preserved Not Preserved
xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings / Injuries on the body	
56.	Postmortem Certificate	
i.	Alleged cause of death as per inquest	
ii.	Assisted by	
iii.	Medical Officer	
iv.	Remarks if any	

Documents to be submitted

In Death Cases:

1. Death certificate
2. Proof of age of the deceased which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the deceased which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for last three years (d) Balance Sheet, etc.
4. Proof of the legal representatives of the deceased such as ration card, passport, etc.
5. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children.
6. Treatment record, medical bills and other expenditure prior to death
7. Bank Account no. of the legal representatives of the deceased near the place of their residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Medclaim policy, if taken
9. Any other document

In Injury Cases:

1. Multi angle photographs of the injured
2. Proof of age of the injured which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the injured which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.

6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children
7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Medclaim policy, if taken
9. Any other document

Other documents to be submitted

1. X Ray
2. CT Scan
3. ECG
4. Other documents

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

Name and signature of the injured/legal representative of deceased			
S. No.	Name	Signature	Photograph
1.			
2.			
3.			
4.			
5.			
6.			

FORM-VI A

VICTIM'S FORM RELATING TO MINOR CHILDREN OF VICTIM(S)

By Victim(s) to Investigating Officer within sixty (60) days of Accident

Copy to Child Welfare Committee and SLSA

FIR No.	
Date	

Under Section	
Police Station	

Details of the Minor Children (18 years or below)					
S.No	Details of Children	Child 1	Child 2	Child 3	Child 4
1.	Name				
2.	Age/Date of Birth				
3.	Sex				
4.	SC/ST/OBC/ General				
5.	Father's Name				
6.	Mother's Name				
7.	Guardian's Name (If different from parent)				
8.	Family Income (Annual)				
9.	Permanent Address				
10.	Present Address				
11.	Contact No. of father / mother / family member				
12.	Whether the child is differently abled: If yes, give details				
13.	Present living conditions/ economic condition (after the accident)				
Educational details of children					
14.	Current status of education				
	Level of education (class)				
	Whether the child is enrolled under EWS quota				
15.	If not attending school, reasons to be provided				
16.	Detailed information of the school where the child is studying				
	Corporation/ Municipal/ Panchayat				
	Govt./Other Boards				
	Private Management				

17.	Expenditure on education				
	Monthly school tuition fee				
	Annual school fee				
	Private tuition / coaching fee				
	Any other expenditure / logistics fee				
18.	Vocational training / skill development, if any				
	Type of skill development				
	Cost involved				
Health and Nutrition					
19.	Physical health condition of the child (including medical examination report, in case of any disability)				
	Any injury to child. If yes, details to be given				
	Loss of any body part due to accident				
20.	Mental health condition of the child				
	Whether immediate psychological counseling / treatment/ support required				
	Whether long term support required				
21.	Medical expenses, if any				
	Cost involved in immediate medical treatment				
	Cost involved in long term medical treatment				
22.	Diet and nutrition expenses				

Documents to be submitted

1. Copy of school/educational institution ID,
2. Copy of Aadhar card
3. Proof of education fee
4. Proof of other expenses/expenditure of the children
5. Copy of medical documents
6. Disability Certificate, if applicable
7. Copy of Caste certificate, if applicable
8. Copy of Income certificate, if applicable

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

Victim(s)

Name and photograph of all the Minor Children

S. No.	Name	Photograph
1.		
2.		
3.		
4.		

Note:

- Forms VI and VIA to be sent by Investigating Officer to the concerned Child Welfare Committee to ascertain if the Child is in Need of Care and Protection (CNCP).
- Copy of Forms VIA and VIB to be sent to State Legal Services Authority (SLSA) to assign a lawyer to assist the child/children to avail their legal remedies/rights.

FORM-VII

DETAILED ACCIDENT REPORT (DAR)

By Investigating Officer to Claims Tribunal within ninety (90) days of Accident

Copy to Victim(s)/ claimant(s), Driver, Owner, Insurance Company and SLSA

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident		
2.	Time of Accident		
3.	Place of Accident		
4.	Nature of Accident	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury	

5.	Offending Vehicle Details		
	Registration No.		
	Make		
	Model		
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)	
	Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)	
6.	Driver of offending vehicle		
	Name		
	Father's Name		
	Mobile No.		
	Address		
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.		
	Validity of Licence		

	Licensing Authority		
7.	Owner of offending vehicle		
	Name		
	Father's Name		
	Mobile No.		
	Address		
8.	Insurance Details of offending vehicle		
	Policy No.		
	Period of Policy		
	Name of Insurance Company		
9.	Whether License has been verified from the Authority. If yes, attach report If no, give reasons	Yes No	
10.	Whether Driving Licence suspended/ cancelled If yes, give details	Yes No	
11.	Whether driver injured during the accident If yes, give details	Yes No	
12.	Vehicle was Driven by	Owner Paid Driver Other (Specify)	
13.	Whether the Driver was driving under the influence of	Yes No	

	alcohol/drugs Whether findings based on scientific report. If yes, give details		
14.	Whether driver carrying mobile phone at the time of accident If yes, give details of Mobile	Yes No	
	Mobile No.		
	IMEI No.		
	Make & Model		
15.	Whether driver previously involved in motor accident case(s) If yes, whether case pending or decided by MACT? Give details of The FIR and MACT case	Yes No	
16.	In case of commercial vehicle		
	Permit details		
	Fitness details		
17.	Whether Permit and Fitness have been verified from the Authority If yes, attach report If no, give reasons	Yes No	

18.	Whether the Owner reported the accident to the Insurance Company If yes, give date	Yes No	
19.	In case the driver fled from spot, whether the owner produced the driver before the police If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.	Yes No	
Victim(s) details			
20.	Victim(s)	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)	
DEATH CASE			
21.	Name of the deceased		
22.	Age of the deceased		
23.	Occupation		
24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
(i)			
(ii)			
(iii)			
(iv)			

(v)				
INJURY CASE				
25.	Name of the injured			
26.	Age			
27.	Occupation			
28.	Nature of Injury			
	Simple			
	Grievous			
29.	Details of Injury			
30.	Offences Charged			
	Indian Penal Code, 1860			
a.	Section 279	Rash driving or riding on a public way		
b.	Section 337	Causing hurt by act endangering life or personal safety of others		
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others		
d.	Section 304-A	Causing death by negligence		
e.	Any other offence			
	Motor Vehicles Act, 1988			
a.	Sections 3/181	Driving without license		
b.	Sections 4/181	Driving by minor		
c.	Sections 5/180	Allowing unauthorized person to drive		
d.	Section 182	Offences relating to licenses		
e.	Sections 56/192	Without fitness		
f.	Sections 66(1)/192A	Without permit		
g.	Sections 112/183(1)	Over speeding		

h.	Sections 113/194	Over loading		
i	Sections 119/184	Jumping red light		
j.	Sections 119/177	Violation of mandatory signs (One way, No right turn, No left turn)		
k.	Sections 122/177	Improper/ obstructive parking		
l.	Sections 146/196	Without insurance		
m.	Section 177/Rules of Road Regulation 17(1)	Violation of "One way"		
n.	Section 194(1A)/ Rules of Road Regulation 29	Carrying High/Long Load		
o.	Section 184/ Rules of Road Regulation, rule 6	Violation of "No overtaking"		
p.	Section 177/Central Motor Vehicles Rules, 1989 Rule 105	Without light after sunset		
q.	Section 179	Disobedience of orders, obstruction and refusal of information		
r.	Section 184	Driving dangerously		
s.	Section 184	Using mobile phone while driving		
t.	Section 185	Drunken driving/ drugs		
u.	Section 186	Driving when mentally or physically unfit to drive		
v.	Section 187	Violation of Sections 132(1)(a), 133 & 134		
w.	Section 190	Using vehicle in unsafe		

		condition		
x.	Section 194A	Carrying more passengers than authorized		
y.	Section 194B/ Central Motor Vehicles Rules, 1989 Rule 138(3)	Driving without a safety belt		
z.	Section 194C	Penalty for violation of safety measures for motorcycle driver and pillion rider		
a. a	Section 194D	Penalty for not wearing protective headgear		
b. b	Section 194E	Failure to allow free passage to emergency vehicles		
c. c	Section 194F	Using the horn unnecessarily or in places where it is prohibited		
d. d	Section 197	Taking vehicle without authority		
e. e	Section 199A	Offence committed by juveniles		
f. f	Any other offence			
31.	Detailed description of the Accident			
32.	Direction(s) required from the Claims Tribunal			
i.	The driver of the offending vehicle has not furnished Form-III/has furnished incomplete Form-III, despite letter(s) dated..... [Copy (s) attached]. The driver be directed to furnish the Form-III before this Tribunal within 15 days.			
ii.	The owner of the offending vehicle has not furnished Form-IV/ has furnished incomplete Form-IV, despite letter(s) dated..... [Copy (s) attached]. The owner may be directed to furnish the Form-IV before this Tribunal within 15 days.			

iii.	The victim(s) of the accident has/have not furnished Form-VI/ Form-VIA/ has furnished incomplete Form-VI/ Form-VIA, despite letter(s) dated..... [Copy (s) attached]. The victim may be directed to furnish the Form-VI/ Form-VIA before this Tribunal within 15 days.		
iv.	The Registration Authority has not given the Verification Report despite letter(s) dated [Copy (s) attached]. The Registration Authority be directed to furnish the Verification Report directly before this Tribunal within 15 days.		
v.	The Hospital has not given the MLC/ Post Mortem report despite letter(s) dated [Copy (s) attached]. The Hospital be directed to furnish the above-mentioned documents directly before this Tribunal within 15 days.		
33.	Documents to be attached		
	Document	Attached	Not Attached
i.	FIR		
ii.	Form-I - First Accident Report (FAR)		
iii.	Form-II - Rights of Victim(s) and Flow Chart		
iv.	Form-III - Driver's Form along with documents submitted		
v.	Form-IV - Owner's Form along with documents submitted		
vi.	Form-V - Interim Accident Report (IAR) along with documents submitted		
vii.	Form-VI- Victim's Form along with documents submitted		
viii.	Form-VIA - Details of minor children of the Victim along with documents submitted		
ix.	Form-VII- Detailed Accident Report (DAR)		
x.	Form-VIII - Site Plan		
xi.	Form-IX - Mechanical Inspection Report		

xii.	Form-X - Verification Report			
xiii.	Form-XI - Insurance Form along with documents submitted			
xiv.	Photographs of the scene of accident from all angles			
xv.	Photographs of all the vehicles involved in the accident from all angles			
xvi.	CCTV Footage of the accident			
xvii.	Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974)			
xviii.	Copy of notice under section 133 of the Motor Vehicles Act, 1988			
	DEATH CASE			
xix.	Post-Mortem Report			
	INJURY CASE			
xx.	Medico Legal Case (MLC) form			
xxi.	Multi angle photographs of the injured			
	OTHER DOCUMENTS			
xxii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the driver			
xxiii.	Letter(s) of the Investigating Officer demanding the relevant information /documents from the owner			
xxiv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Insurance Company			
xxv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Victim(s)			
xxvi.	Letter(s) of the Investigating Officer demanding the relevant			

	information/ documents from the Registration Authorities			
xxvii.	Letter of the Investigating Officer demanding the relevant information/ documents from the Hospital			

Verification:

Verified at _____ on this ____ day of _____ that the contents of the above report are true and correct, and the documents were gathered during investigation.

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____

FORM- VIII

SITE PLAN

By Investigating Officer (through Roads & Highway Engineer) to Claims Tribunal
Along with DAR within ninety (90) days of Accident

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of preparation of site plan	
2.	Type of collision (collision from)	Hit from back Vehicle to pedestrian Run-off road Vehicle overturn Head on collision Other (Specify)
3.	Road direction	One-way Two-way Other (Specify)

4.	No. of lanes	
5.	Width of road	
6.	Place of accident	
7.	Detailed Site Plan with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	Rural Urban Sub-urban
ii.	Road Owning Agency	National Highway Under NHAI National Highway Under State PWD National Highway Under Other Departments Corporation Road Municipality Road Panchayat Union Road Panchayat Road
iii.	Type of Structure	Normal Road Grade Road Over Bridge Culvert Road Under Bridge River Bridge Vehicular Under Pass Limited Use Subway Causeway
iv.	Type of Road Surface	Bituminous / Asphalt Water Bound Macadam (WBM) / Metalled Roads Paver Block Road Gravel Road Murrum Road Earthen/Kutch Road
v.	Surface Condition	Good Reveling Loose Flooded Slippery/ Oily Muddy

		<p>Corrugated / Wavy road</p> <p>Pot Holes</p> <p>Snowy</p> <p>Road Under Repair</p> <p>No Influence on Accident</p>
vi.	Type of Carriageway	<p>Single Lane (1 Way)</p> <p>Single Lane (2 Way)</p> <p>Immediate Lane</p> <p>2 Lane (1 Way)</p> <p>2 Lane (2 Way)</p> <p>3 Lane (1 Way)</p> <p>3 Lane (2 Way)</p> <p>4 Lane Undivided (2 Way)</p> <p>4 Lane divided (2 Way)</p> <p>6 Lane Undivided (2 Way)</p> <p>6 Lane divided (2 Way)</p> <p>8 Lane divided (2 Way)</p>
vii.	Accident Location	<p>Straight Road</p> <p>At Junction</p> <p>Nearby Junction</p> <p>Horizontal Curve</p> <p>Vertical Curve</p> <p>Nearby Bus Stop</p>
viii.	Horizontal Curve	<p>Simple Curve</p> <p>Compound Curve</p> <p>Reverse Curve</p> <p>Deviation Curve</p> <p>Transition Curve</p>
ix.	Vertical Curve	<p>Symmetrical Crest / Summit Vertical Curve</p> <p>Unsymmetrical Crest / Summit Vertical Curve</p> <p>Symmetrical Sag Vertical Curve</p> <p>Unsymmetrical Sag Vertical Curve</p>
x.	Junction Type	<p>Round about</p> <p>Staggered</p> <p>Y-Junction</p> <p>Four-arm Square Junction</p> <p>More than Four-arm</p> <p>Elevated Junction (3-arm/4-arm)</p> <p>Four-arm Cross Junction</p>

		Guarded Level Crossing Unguarded Level Crossing T-Junction
xi.	Junction Control	No Control Flashing Signal Give Way Sign Stop Sign Traffic Signals Manned Control
xii.	Sight Distance	Available to Junction Available to Curve Straight Reach Not Applicable
xiii.	Speed Limit	Below 40 40 – 60 60 – 80 80 – 90 Above 90 Not Available
xiv.	Road Margins	Shoulders Pedestrian / Cycle Track Bus Bay Guard Rails / Crash Barriers Service Lane Parking Lane Not Applicable
xv.	Type of Terrain	Plain Terrain (0 to 10%) Rolling Terrain (10 to 25%) Mountainous Terrain (25% to 60%) Steep Terrain (Above 65%)
xvi.	Type of Surface Gradient	Ruling Gradient Limiting Gradient Minimum Gradient Floating Gradient Exceptional Gradient Average Gradient
xvii.	Physical divider / Barrier	Yes No

xviii.	Type of Median	Depression / Flush Median Crash Barrier Flexible / Portable Divider Concrete Divider Raised Median with Anti-Glare Measures Raised Median without Anti-Glare Measures Kerb Median
xix.	Pedestrian Infrastructure	Footpath Footpath with Guard Rail Signalized Zebra Crossing Un Signalized Zebra Crossing Signalized Mid-Block Zebra Crossing Unsignalized Mid-Block Zebra Crossing Foot Over Bridge Subway Tabletop Crossing Not Applicable
xx.	Ongoing Road Work	Yes No
xxi.	Road Markings	Available Faded Not Available
xxii.	Road Sign Board	Available and Reflective Available and Non Reflective Not Available
xxiii.	Factors of Road Accident	Road Obstructions Uneven Road Surface Slippery Road Surface Narrow Width Non Provision of Parapets / Crash Barrier Inadequate Sight Distance Illegal Parking / Abandoned Vehicle Road / Building Construction Work Blind Curve Not Applicable

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No.: _____

P.S. : _____

Date : _____

FORM- IX

MECHANICAL INSPECTION REPORT

By Investigating Officer (through Motor Vehicle Inspector) to Claims Tribunal
Along with DAR within ninety (90) days of Accident

FIR No.	
Date	
Under Section	
Police Station	

Date of Mechanical Inspection	
Name of Motor Vehicle Inspector	
Registration No. of Motor Vehicle Inspector	

1.	Vehicle Registration No.	
2.	Vehicle Type	Motorized 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
3.	Vehicle make	
4.	Model Name	
5.	Colour of vehicle	
6.	Engine Number	
7.	Chassis Number	
8.	Location of vehicle inspection	
	Accident Site	
	Garage	
	Other (Specify)	

9.	In case of Commercial Vehicle	
	Details of Fitness	
	Details of permit	
10.	Evidence of Impact 1 (Paint Transfer)	
	Paint Transfer found	Yes No
	Colour of Paint Transfer	
	Location of Paint Transfer	
11.	Evidence of Impact 2 (Scratch marks/ Others)	
	Type of scratch	
	Location of scratch	
12.	Point of Impact	
13.	Mechanical condition of Vehicle	
	Steering	
	Wheels	
	Wipers	
	Mirrors	
	Others	
14.	Whether vehicle modified by	
	Installing CNG/LPG Kit	
	Change of vehicle body	
15.	Condition of Tyres	Original Retreaded
16.	Horn	
	Whether installed	Yes No
	If yes, whether functional	Yes No
17.	Brake lights & other lights functional	Yes No
18.	Whether vehicle had faulty number plate	Yes No
19.	Status of Airbags	
	Whether the vehicle fitted with airbags	Yes No
	If yes, whether airbags were deployed	Yes No
20.	For educational institution bus, whether the vehicle was fitted with the doors that can be shut & whether the vehicle had a suitable inscription to indicate that they are in the duty of an educational institute	
21.	Whether vehicle had tinted glasses	Yes No
22.	Speed Limiter Devices in cases of PSVs (Commercial Vehicles)	
	Whether vehicle fitted with Speed Limiter	Yes No
	If yes, whether functional	Yes No

23.	Parking Sensors	
	Whether Rear Parking Sensors installed	Yes No
	If yes, whether functional	Yes No
24.	Vehicle Location Tracking (VLT) Devices	
	Whether installed	Yes No
	If yes, whether functional	Yes No
25.	Description of damage (including internal & external damage and estimated cost of damage)	
26.	Other details	
i.	Vehicle Category	Motorized Non-motorized
ii.	Registration Number Status	Known Unknown Without Registration
iii.	Registration Number Status	Permanent Registration No. Temporary Registration No. Trade Certificate No. None Obtained
iv.	Load Category	Passengers Goods
v.	Year of Manufacture	
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	
ix.	Tax Details	
x.	Seat Capacity	
xi.	Insurance Company	
xii.	Disposition	Can be driven away Need to be towed Cannot be towed
xiii.	Manoeuvre at Accident	Turning Right Turning Left Overtaking from left Making U turn Going ahead overtaking Going ahead not overtaking Parked Reversing

		<p>Sudden Start</p> <p>Starting from off side</p> <p>Starting from near side</p> <p>Sudden Stop</p> <p>Merging</p> <p>Diverging</p> <p>Stationary</p> <p>Using Private Entrance</p> <p>Parking Vehicle</p> <p>Temporarily Held Up</p>
xiv.	Vehicle Damage	<p>Rear Damage</p> <p>Front Damage</p> <p>Top Damage</p> <p>Left Damage</p> <p>Right Damage</p> <p>Multiple Damage</p> <p>No Damage</p> <p>Total Damage</p>
xv.	Accused/ Victim	<p>Accused Vehicle</p> <p>Victim Vehicle</p> <p>Not Known</p>
xvi.	Brake Type	<p>Air Brake</p> <p>Hydraulic</p> <p>Mechanical</p> <p>Vaccum Assisted Hydraulic Brake</p>
xvii.	Condition of Brake	<p>Air Brake</p> <ul style="list-style-type: none"> • Satisfactory • Want of air • Leakage of air • Worn out parts <p>Hydraulic</p> <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid <p>Mechanical</p> <ul style="list-style-type: none"> • Satisfactory • Worn out parts • Lack of Lubrication

		<ul style="list-style-type: none"> • Slackness in adjustment Vaccum Assisted Hydraulic Brake <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid • Want of air • Leakage of air • Worn-out parts
xviii.	Condition of Foot Brake	Active Inactive
xix.	Condition of Hand Brake	Active Inactive
xx.	Brakes Even or Not	Even Not even
xxi.	Mechanical Failure	Yes No
xxii.	Tyre Condition	Worn Out In Order Remoulded Original Satisfactory Bald Wear Bead Separation Belt Separation Bent Bead Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect Cracking Between Tread Flat Spot Wear One side wear Sidewall Bubble Tread Separation Mushroomed Tread Rapid Shoulder Wear Rapid Centre Wear Tyre Burst/Blowouts Cupping / Scalloped Wear Damaged Bead Sidewall Tear

		Sidewall Wear
xxiii.	Mechanical	Wornout parts Lack of lubrication Defective parts Slackness in adjustment
xxiv.	Vehicle Defect Type	No defect Bald tyre Brakes Head Lights Steering Tyre puncture Multiple defects None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect Opinion cannot be given None of the above
xxvi.	Steering Type	Electronic Hydraulic Mechanical
xxvii.	Steering Condition	Free Not Working Working In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes No
xxx.	Whether Rear Parking Sensors Installed	Yes No
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found
xxxii.	Damage Status	Rear Damage Front Damage Top Damage Left Damage Right Damage

		Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes No
xxxiv.	Run Protection Device and Side Under Run Protection Device	Yes No
xxxv.	Bull Bars	Yes No
xxxvi.	Reflective Tapes	Yes No
xxxvii.	Wind Screen Safety	Yes No
xxxviii.	Track Mark	Yes No
xxxix.	Check Report Issued?	Yes No

1. Photographs of the vehicle

Images/ Videos to be attached:

1. Main Resting Place of Vehicle
2. Damage to Vehicle
3. Damage to Property

Motor Vehicle Inspector

Date : _____

FORM-X

VERIFICATION REPORT

By Investigating Officer to Claims Tribunal
Along with DAR within ninety (90) days of Accident
through information available on VAHAN Database

FIR No.	
Date	
Under Section	
Police Station	

1.	Vehicle Registration No.	
	Validity Period	
2.	Engine No.	
3.	Chassis No.	
4.	Category of Vehicle	LMV/ HMV/MGV Private or Commercial
5.	Vehicle Make & Model	
	Make	
	Model	

6.	Owner Details	
	Name	
	Address	
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	
	Validity	
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	
10.	In case record not available, state reasons	

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____

FORM-XI

INSURANCE FORM

By Designated Officer of Insurance Company to Claims Tribunal
Within thirty (30) days of receipt of DAR

FIR No.	
Date	
Under Section	
Police Station	

1.	Vehicle Details	
	Registration Number	
	Vehicle Make	
	Vehicle Model	
2.	Details of Insured	
	Name	
	Address	
3.	Policy Details	
	Policy No.	
	Period of Policy	

	Nature/Type of Policy	
4.	Date of Accident	
5.	Date of intimation of the accident by the Insured to the Insurance Company	
6.	Date of receipt of FAR	
7.	Date of receipt of IAR	
8.	Date of receipt of DAR	
9.	Date of appointment of the Designated Officer by the Insurance Company	
10.	Details of Designated Officer	
	Name	
	Address	
11.	Date of appointment of the Surveyor/Investigator	
12.	Name and Address of Surveyor/ Investigator	
	Name	
	Address	
13.	Date of Report of the Surveyor/Investigator	
14.	Date of Decision of the Designated Officer	
15.	Whether this Form has been filed within thirty (30) days of receipt of DAR If not, give reasons for delay	Yes No
DEATH CASE		
16.	Name of the deceased	
17.	Age of the deceased	
18.	Occupation	
19.	Monthly Income	
20.	Details of Legal Representatives of the deceased	
	Name	Relationship Age
	(i)	
	(ii)	
	(iii)	
	(iv)	
	(v)	
	(vi)	
21.	Computation of compensation	Amount in Rs.
	Income of the deceased (A)	
	Add-Future Prospects (B)	
	Less-Personal expenses of the deceased (C)	

	Monthly loss of dependency [(A+B) – C = D]	
	Annual loss of dependency (D x 12)	
	Multiplier (E)	
	Total loss of dependency (E x 12 x D = F)	
	Medical Expenses (G)	
	Compensation for loss of consortium (H)	
	Compensation of loss for love and affection (I)	
	Compensation for loss of estate (J)	
	Compensation towards funeral expenses (K)	
	Total Compensation (F+ G + H + I+J+K = L)	
INJURY CASE		
22.	Name of the victim	
23.	Age of the victim	
24.	Occupation	
25.	Monthly Income	
26.	Nature of Injury	
	Simple	
	Grievous	
27.	Type of Injury	
28.	Details of medical treatment	
29.	Details of permanent disability (if any)	
30.	Computation of compensation	Amount in Rs.
	Expenditure on treatment	
	Expenditure on conveyance	
	Expenditure on special diet	
	Cost of nursing/attendant	
	Cost of artificial limb	
	Loss of earning capacity	
	Loss of income	
	Any other loss which may require any special treatment or aid to the injured for the rest of his life	

	Compensation for mental and physical shock	
	Pain and suffering	
	Loss of amenities of life	
	Disfiguration	
	Loss of marriage prospects	
	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life, etc.	
	Total compensation	
31.	If the Insurance Company does not admit the liability to pay the compensation, disclose the grounds on which the Insurance Company wants to contest the claim:	

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above report are true and correct. I am well conversant with the principles of computation of compensation and have applied the same to compute the compensation.

DESIGNATED OFFICER

1. Report of the Surveyor/Investigator

FORM – XII

VICTIM IMPACT REPORT

By State Legal Services Authority to concerned criminal court within thirty (30) days of conviction and to be considered at the time of sentencing

S. No.	Description	Particulars
1.	FIR No., date and under Section(s)	
2.	Name of Police Station	
3.	Date, time and place of offence	
4.	Nature of injury/loss suffered by the victim(s)	
	i. Physical harm	
	a. Simple injuries	
	b. Grievous injuries	
	c. Death	
	ii. Emotional harm	
	iii. Damage/loss of property	
	iv. Any other loss/injury	
5.	Brief description of offence(s) in which the accused has been convicted	
6.	Name of the victim	

7.	Father's /Spouse's name	
8.	Age	
9.	Gender	
10.	Marital status	
11.	Addresses:	
	Permanent	
	Present	
12.	Contact information: Mobile	
	Email ID	

I. Death Case

S. No.	Description	Particulars		
13.	Name of the deceased			
14.	Father's/Spouse's name			
15.	Age of the deceased			
16.	Gender of the deceased			
17.	Marital status of the deceased			
18.	Occupation of the deceased			
19.	Income of the deceased			
20.	Name, age and relationship of legal representatives of deceased:			
		Name	Age	Gender
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
21.	<i>Details of losses suffered</i>			
	<i>Pecuniary Losses:</i>			
(i)	Income of the deceased (A)			
(ii)	Add-Future Prospects (B)			
(iii)	Less-Personal expenses of the deceased (C)			
(iv)	Monthly loss of dependency [(A+B) – C = D]			
(v)	Annual loss of dependency (D x 12)			
(vi)	Multiplier (E)			
(vii)	Total loss of dependency (D x 12 x E = F)			

(viii)	Medical Expenses	
(ix)	Funeral Expenses	
(x)	Any other pecuniary loss/damage	
	<i>Non-Pecuniary Losses:</i>	
(xi)	Loss of consortium	
(xii)	Loss of love and affection	
(xiii)	Loss of estate	
(xiv)	Emotional harm/trauma, mental and physical shock etc.	
(xv)	Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident/death of the deceased victim.	
(xvi)	Any other non-pecuniary loss/damage	
	<i>Total loss suffered</i>	

II. Injury Case

S. No.	Description	Particulars
22.	Name of the injured	
23.	Father's /Spouse's name	
24.	Age of the injured	
25.	Gender of the injured	
26.	Marital status of the injured	
27.	Occupation of the injured	
28.	Income of the injured	
29.	Nature and description of injury	
30.	Medical treatment taken by the injured	
31.	Name of hospital and period of hospitalisation	
32.	Details of surgeries, if undergone	
33.	Whether any permanent disability? If yes, give details	
34.	Whether the injured got reimbursement of medical expenses	
35.	Details of family/dependents of the injured:	

	Name	Age	Gender	Relation
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
36.	<i>Details of losses suffered</i>			
<i>Pecuniary Losses:</i>				
(i)	Expenditure incurred on treatment, conveyance, special diet, attendant etc.			
(ii)	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment			
(iii)	Loss of income			
(iv)	Any other loss which may require any special treatment or aid to the injured for the rest of his life			
(v)	Percentage of disability assessed and nature of disability as permanent or temporary			
(vi)	Percentage of loss of earning capacity in relation to disability			
(vii)	Loss of future Income (Income x % Earning Capacity x Multiplier)			
(viii)	Any other pecuniary loss/damage			
<i>Non-Pecuniary Losses:</i>				
(i)	Pain and suffering			
(ii)	Loss of amenities of life, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.			
(iii)	Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident.			
(iv)	Emotional harm/trauma, mental and physical shock etc.			
(v)	Disfiguration			
(vi)	Loss of marriage prospects			
(vii)	Loss of Reputation			

(viii)	Any other non-pecuniary loss/damage	
	Total loss suffered	

III. Damage/Loss to the property

S. No.	Description	Particulars
37.	Description of the property damaged/lost	
38.	The value of loss suffered	

IV. Conduct of the accused

S. No.	Description	Particulars
39.	Whether the accused fled from the Spot If so, when he/ she appeared before Police/ Court or arrested?	
40.	Whether the Accused reported the accident to the Police/ family of the victim	
41.	i. Whether the Accused provided any assistance to the victim? ii. Whether the Accused took the victim to the hospital? iii. Whether the Accused visited the victim at the hospital?	
42.	Whether the Accused remained at the spot till police arrived	
43.	Whether the Accused cooperated in the investigation	
44.	Whether the Accused removed his/ her vehicle from the spot before police arrived	
45.	Whether the Accused paid compensation/ medical expenses to victim/ his family	
46.	Whether the Accused has previous convictions	
47.	Whether the Accused is/ was a close relative or friend of the victim	
48.	Age of the Accused	
49.	Gender of the Accused	
50.	Whether accused suffered injuries during the accident	
51.	Whether the Accused discharged the duties under sections 132 and 134 of the Motor Vehicles Act, 1988? If no, whether the Accused has been prosecuted under section 187 of Motor Vehicles Act, 1988	
52.	Whether the Driver has been previously involved in a motor accident case If Yes, provide following details: FIR Number and Police Station	
53.	In case the driver fled from the spot, did the owner comply with the provisions of section 133 of Motor Vehicles Act, 1988	
54.	Any other information regarding the conduct of the Accused	

55.	<i>Apparent contributing circumstances</i>	
i.	Driving without valid driving license	
ii.	Driving while disqualified	
iii.	Learner driving without supervision	
iv.	Vehicle not insured	
v.	Driving a stolen vehicle	
vi.	Vehicle taken out without the consent of the owner	
vii.	Driving dangerously or at excessive speed	
viii.	Dangerously loaded vehicle/ Overloaded	
ix.	Parking on the wrong side of the road	
x.	Improper parking/ Parking on wrong side of road	
xi.	Non-observance of traffic rules	
xii.	Poorly maintained vehicle	
xiii.	Fake/forged driving license	
xiv.	History of convulsions/ seizures	
xv.	Fatigued/ Sleepy	
xvi.	Guilty of violation of traffic rules in the past	
xvii.	Previous convictions	
xviii.	Suffering from medical condition that impairs driving	
xix.	Using mobile phone while driving (Handheld)	
xx.	Using mobile phone while driving (Handsfree)	
xxi.	More than one injured/ dead	
xxii.	Under the influence of alcohol or drugs	
56.	<i>Aggressive Driving</i>	
i.	Jumping Red Light	
ii.	Abrupt braking	
iii.	Neglect to keep to the left of road	
iv.	Criss Cross Driving	
v.	Driving on the wrong side	
vi.	Driving close to vehicle in front	
vii.	Inappropriate attempts to overtake	
viii.	Cutting in after overtaking	
ix.	Exceeding Speed Limit	

x.	Racing/ Competitive Driving	
xi.	Disregarding any warnings	
xii.	Overtaking where prohibited	
xiii.	Driving with loud music	
xiv.	Improper reversing	
xv.	Improper passing	
xvi.	Improper turning	
xvii.	Turning without indication	
xviii.	Driving in no-entry zone	
xix.	Not slowing at junctions/ crossings	
xx.	Turning with indication	
xxi.	Not respecting stop sign	
xxii.	Not respecting right of way to pedestrians	
57.	<i>Irresponsible Behaviour</i>	
i.	Failing to stop after accident	
ii.	Ran away from the spot after leaving the vehicle	
iii.	Destruction or attempt to destroy the evidence	
iv.	Falsely claiming that one of the victims was responsible for the accident	
v.	Trying to throw the victim off the bonnet of the vehicle by swerving in order to escape	
vi.	Causing death/injury in the course of dangerous driving post commission of crime or chased by police in an attempt to avoid detection or apprehension	
vii.	Offence committed while the offender was on bail	
viii.	Took any false defence	
ix.	Misled the investigation	
x.	Post-accident road rage behaviour	

IV. Paying capacity of the accused

The accused has submitted the affidavit of his assets and income .The particulars given by the accused in his affidavit have been verified through Sub-Divisional Magistrate /Police/Prosecution and after considering the same, paying capacity of the accused is assessed as under:

.....

V. Recommendations of State Legal Services Authority

After taking into consideration the gravity of the offense, severity of mental/physical harm/injuries suffered by the victim(s); losses suffered by the victim(s) and the paying capacity of the accused, the recommendations of the Committee are as under: -

.....

Place: **Member Secretary**

Dated: **State Legal Services Authority**

Documents considered and attached to the report**In Death Cases:**

1. Death certificate
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Proof of the legal representatives of the deceased (Names, Age, Address, Phone Number & Relationship)
5. Treatment record, medical bills and other expenditure
6. Bank Account no. of the legal representatives of the deceased with name and address of the bank
7. Any other document found relevant

In Injury Cases:

1. Multi angle photographs of the injured
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Treatment record, medical bills and other expenditure.
5. Disability certificate (if available)
6. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of a) Certificate from the employer; b) Extracts from the attendance register.
7. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
8. Any other document found relevant

FORM – XIII**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL**

.....

....Petitioners(s)

Versus

.....

.....Respondent(s)

FORMAT OF WRITTEN SUBMISSIONS TO BE FILED BY PARTIES IN DEATH CASES

1. Date of accident
2. Name of the deceased.....
3. Age of the deceased.....
4. Occupation of the deceased.....
5. Income of the deceased.....
6. Name, age and relationship of legal representatives of deceased

S.No.	Name	Age	Relation
1.			
2.			
3.			
4.			
5.			

7.Computation of Compensation

S.No.	Heads	Claim of Petitioners(s)	Response of Respondent(s)
i.	Income of the deceased (A)		
ii.	Add-Future Prospects (B)		
iii.	Less-Personal expenses of the deceased (C)		
iv.	Monthly loss of dependency [(A+B) – C = D]		
v.	Annual loss of dependency (D x 12)		
vi.	Multiplier (E)		
vii.	Total loss of dependency (D x 12 x E = F)		
viii.	Medical Expenses (G)		
ix.	Compensation for loss of consortium (H)		
x.	Compensation for love and affection (I)		
xi.	Compensation for loss of estate (J)		

xii.	Compensation towards funeral expenses (K)		
TOTAL COMPENSATION (F + G + H + I + J + K =L)			
INTEREST			

FORM – XIV**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL**

.....

....Petitioners(s)

Versus

.....

.....Respondent(s)

FORMAT OF WRITTEN SUBMISSIONS TO BE FILED BY THE PARTIES IN INJURY CASES

1. Date of accident.....
2. Name of the injured.....
3. Age of the injured
4. Occupation of the injured
5. Income of the injured
6. Nature of injury.....
7. Medical treatment taken by the injured
8. Period of hospitalisation.....
9. Whether any permanent disability? If yes, give details.....
.....
.....
10. Photographs of the injured and the injuries.....
11. Computation of Compensation: -

S.No.	Heads	Claim of Petitioners(s)	Response of Respondent(s)
12.	Pecuniary Loss:		
i.	Expenditure on treatment		
ii.	Expenditure on conveyance		
iii.	Expenditure on special diet		
iv.	Cost of nursing/attendant		
v.	Loss of income		
vi.	Cost of artificial limb (if applicable)		
vii.	Any other loss/expenditure		
13.	Non-Pecuniary Loss:		

i.	Compensation for mental and physical shock		
ii.	Pain and suffering		
iii.	Loss of amenities of life		
iv.	Disfiguration		
v.	Loss of marriage prospects		
vi.	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.		
14.	Disability resulting in loss of earning capacity:		
i.	Percentage of disability assessed and nature of disability as permanent or temporary		
ii.	Loss of amenities or loss of expectation of life span on account of disability		
iii.	Percentage of loss of earning capacity in relation to disability		
iv.	Loss of future Income - (Income x % Earning Capacity x Multiplier)		
TOTAL COMPENSATION			
INTEREST			

FORM – XV**SUMMARY OF COMPUTATION OF AWARD AMOUNT IN DEATH CASES TO BE INCORPORATED IN THE AWARD**

1. Date of accident.....
2. Name of the deceased.....
3. Age of the deceased.....
4. Occupation of the deceased.....
5. Income of the deceased.....
6. Name, age and relationship of legal representatives of deceased:

S.No.	Name	Age	Relation
i.			
ii.			
iii.			
iv.			

v.		
vi.		
Computation of Compensation		
S.No.	Heads	Awarded by the Claims Tribunal
7.	Income of the deceased (A)	
8.	Add-Future Prospects (B)	
9.	Less-Personal expenses of the deceased (C)	
10.	Monthly loss of dependency [(A+B) – C = D]	
11.	Annual loss of dependency (D x 12)	
12.	Multiplier (E)	
13.	Total loss of dependency (D x 12 x E = F)	
14.	Medical Expenses (G)	
15.	Compensation for loss of consortium (H)	
16.	Compensation for loss of love and affection (I)	
17.	Compensation for loss of estate (J)	
18.	Compensation towards funeral expenses (K)	
19.	TOTAL COMPENSATION (F + G + H + I + J + K =L)	
20.	RATE OF INTEREST AWARDED	
21.	Interest amount up to the date of award (M)	
22.	Total amount including interest (L+M)	
23.	Award amount released	
24.	Award amount kept in FDRs	
25.	Mode of disbursement of the award amount to the claimant(s).	
26.	Next Date for compliance of the award.	

FORM-XVI

SUMMARY OF THE COMPUTATION OF AWARD AMOUNT IN INJURY CASES TO BE INCORPORATED IN THE AWARD

1. Date of accident.....
 2. Name of the injured.....
 3. Age of the injured
 4. Occupation of the injured
 5. Income of the injured
 6. Nature of injury.....
 7. Medical treatment taken by the injured
-

8. Period of hospitalisation.....

9. Whether any permanent disability? If yes, give details.....

10. Computation of Compensation		
S.No.	Heads	Awarded by the Tribunal
11.	Pecuniary Loss:	
(i)	Expenditure on treatment	
(ii)	Expenditure on conveyance	
(iii)	Expenditure on special diet	
(iv)	Cost of nursing/attendant	
(v)	Cost of artificial limb	
(vi)	Loss of earning capacity	
(vii)	Loss of income	
(viii)	Any other loss which may require any special treatment or aid to the injured for the rest of his life	
12.	Non-Pecuniary Loss:	
(i)	Compensation for mental and physical shock	
(ii)	Pain and suffering	
(iii)	Loss of amenities of life	
(iv)	Disfiguration	
(v)	Loss of marriage prospects	
(vi)	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.	
13.	Disability resulting in loss of earning capacity:	
(i)	Percentage of disability assessed and nature of disability as permanent or temporary	
(ii)	Loss of amenities or loss of expectation of life span on account of disability	
(iii)	Percentage of loss of earning capacity in relation to disability	
(iv)	Loss of future Income - (Income x % Earning Capacity x Multiplier)	
14.	TOTAL COMPENSATION	
15.	INTEREST AWARDED	
16.	Interest amount up to the date of award	
17.	Total amount including interest	
18.	Award amount released	
19.	Award amount kept in FDRs	

20.	Mode of disbursement of the award amount to the claimant(s).	
21.	Next Date for compliance of the award.	

FORM - XVII

COMPLIANCE OF THE PROVISIONS OF THE SCHEME TO BE MENTIONED IN THE AWARD

1.	Date of the accident	
2.	Date of filing of Form-I - First Accident Report (FAR)	
3.	Date of delivery of Form-II to the victim(s)	
4.	Date of receipt of Form-III from the Driver	
5.	Date of receipt of Form-IV from the Owner	
6.	Date of filing of the Form-V-Interim Accident Report (IAR)	
7.	Date of receipt of Form-VI and Form-VIA from the Victim(s)	
8.	Date of filing of Form-VII - Detailed Accident Report (DAR)	
9.	Whether there was any delay or deficiency on the part of the Investigating Officer? If so, whether any action/ direction warranted?	
10.	Date of appointment of the Designated Officer by the Insurance Company	
11.	Whether the Designated Officer of the Insurance Company submitted his report within thirty (30) days of the DAR?	
12.	Whether there was any delay or deficiency on the part of the Designated Officer of the Insurance Company? If so, whether any action/direction warranted?	
13.	Date of response of the claimant(s) to the offer of the Insurance Company	
14.	Date of the award	
15.	Whether the claimant(s) were directed to open savings bank account(s) near their place of residence?	
16.	Date of order by which claimant(s) were directed to open savings bank account(s) near his place of residence and produce PAN Card and Aadhaar Card and the direction to the bank to not issue any cheque book/debit card to the claimant(s) and make an endorsement to this effect on the passbook	
17.	Date on which the claimant(s) produced the passbook of their savings bank account near the place of their residence along with the endorsement, PAN Card and Aadhaar Card?	
18.	Permanent Residential Address of the claimant(s)	
19.	Whether the claimant(s) savings bank account(s) is near his place of residence?	
20.	Whether the claimant(s) were examined at the time of passing of the award to ascertain his/their financial condition?	

FORM – XVIII**FORMAT OF RECORD OF AWARDS TO BE MAINTAINED BY THE CLAIMS TRIBUNAL**

DATE	Page No. of the Register
S. NO.	PARTICULARS
1.	Date of Award
2.	Case number
3.	Title of the case
4.	Award amount
5.	Date of notice of deposit by the depositor to the Claimant(s)
6.	Date of notice of deposit by the Tribunal to the Claimant(s)
7.	Amount of interest upto date of notice of deposit
8.	Amount deposited along with date of deposit
9.	Amount of interest upto date of notice of deposit
10.	Whether entire award amount and interest deposited. If no, balance outstanding award amount/interest
11.	Action interest taken to recover the balance award
12.	Date of release of the award amount to the Claimant(s)
13.	Mode of release of the award amount: (Give the details of endorsement made on the cheques)
14.	Remarks

FORM – XIX**MOTOR ACCIDENT CLAIMS ANNUITY DEPOSIT (MACAD) SCHEME**

S. No.	Scheme Features	Particulars/Details
1.	Purpose	One time lump sum amount, as decided by the Court / Tribunal, deposited to receive the same in Equated Monthly Installments (EMIs), comprising a part of the principal amount as well as interest.
2.	Eligibility	Individuals including Minors through guardian in single name.
3.	Mode of Holding	Singly
4.	Type of account	Motor Accident Claims Annuity (Term) Deposit Account (MACAD)
5.	Deposit Amount	i. Maximum: No Limit ii. Minimum – Based on minimum monthly annuity Rs. 1,000/- for the relevant period.
6.	Tenure	i. 36 to 120 months ii. In case the period is less than 36 months, normal FD will be opened. iii. MACAD for longer period (more than 120 months) will be looked as per direction of the Court.

7.	Rate of interest	Prevailing rate of interest as per Tenure.
8.	Receipts/Advices	i. No Receipts will be issued to depositors. ii. Passbook will be issued for MACAD
9.	Loan Facility	No loan or advances shall be allowed.
10.	Nomination facility	i. Available. ii. MACAD shall be duly nominated as directed by the court.
11.	Premature Payment	i. Premature closure or part lump sum payment of MACAD during the life of the claimant will be made with permission of the court. However, if permitted, the annuity part will be reissued for balance tenure and amount, if any, with change in annuity amount. ii. Premature closure penalty will not be charged. iii. In case of death of the claimant, payment to be given to the nominee. The nominee has an option to continue with the annuity or seek pre-closure.
12.	Tax deduction at source	i. Interest payment is subject to TDS as per Income Tax Rules. Form 15G/15H can be submitted by the Depositor to get exemption from the Tax deduction. ii. The annuity amount on monthly basis net of TDS, will be credited to the MACT Savings Bank account.

FORM - XX**FORMAT FOR THE INFORMATION OF MACT****STAGE – I : ACCIDENT DETAILS (to be submitted by Investigating Officer within 90 days)**

PARTICULARS	DETAILS
Accident Details:	
Date of accident	
Place of accident	
Case registered at:	
P.S.	
District	
State, PIN	
I.O. Particulars:	
Phone	
Address	
Mail	
Final Report date:	
Victims:	
Casualties	1.

	2.			
	..			
Injuries (other than casualty)	1.			
	2.			
	..			
Hospitals Involved:				
Name	1.	2.	3.	...
Details				

VEHICLE DETAILS

Vehicles involved	1.	2.	3.	...
Corresponding owner(s) of vehicles				
Corresponding driver of the vehicles				
Insurance agencies:	1.	2.	3.	...
Name of Representative				
Contact details				

STAGE – II : CLAIM DETAILS (to be provided by MACT)

PARTICULARS	DETAILS			
MACT case number	<i>(to be allocated by respective MACT)</i>			
Claim petition:				
Number	1.	2.	3.
Date				
Place of filing				
Claimant:				
Name	i. ii. ...	i. ii. ...	i. ii. ...	i. ii. ...
Address(es)				
Contact				
Relationship with				

PARTICULARS	DETAILS			
victim(s)				
Aadhaar				
Advocate representing the Claimant	1.	2.	3.	
Name				
Phone No.				
Enrollment No.				
Email ID				
MACT Award (Date, Particulars):	1.	2.	3.	...
Claim Disbursement Details				
Appeal filed, if any:	1.	2.	3.	...

CRIMINAL CASE DETAILS (to be provided by Magistrate Court)

PARTICULARS	DETAILS			
Case number	1	2	3	...
FIR Number				
Date of Reporting				
IPC Section No.				

[F. No RT-11036/64/2019-MV1 (Part 3)]

AMIT VARADAN, Jt. Secy.

Note. - The principal rules were published in the Gazette of India, Extraordinary, Part-II, Section 3, Sub-section (i), *vide* notification number G.S.R. 590(E), dated the 2nd June, 1989 and last amended *vide* notification number G.S.R. 161(E), Dated, the 25th February, 2022.