

ANNEXURE-I

**FORM –I
(Clause 20 (1))**

FORM OF APPLICATION FOR COMPENSATION FROM SOLATIUM FUND

I, _____ Son of/daughter of /window of*
Shri _____ residing at _____
having been grievously injured in motor vehicle accident hereby apply for grant of
compensation for the grievous injuries sustained. Necessary particulars in
respect of the injury sustained by me are given below:-

I, _____ Son of/daughter of /Window of*
Shri _____ residing at _____
hereby apply as legal representative/agent for the grant of compensation on
account of death/injuries sustained by Shri/Shrimati/Kumari _____
Son of /Widow of /daughter of Shri _____ who
had died/had sustained injuries in motor vehicle accident on _____
at _____. Particulars in respect of accident and other information are given
below:-

1. Name and Father's name of Person injured
(husband's name in case of Married
women or widow)
2. Address of the person injured/dead
3. Age _____ Date of Birth _____
4. Sex of the person injured/dead
5. Place, date and time of the accident.
6. Occupation of the person injured/dead
7. Nature of injuries sustained

8. Name and address of the police state in whose jurisdiction accident took place or was registered.
9. Name and address of the Medical Officer/Practitioner who attended on the injured/dead
10. Name and address of the claimant /claimants
11. Relationship with the deceased
12. Any other information that may be considered necessary or helpful in the disposal of the claim

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT

* Strike out whichever is not applicable.

FORM – II

**REGISTER OF DOCUMENTS REQUIRED FOR SOLATIUM SCHEME/
MACT CASES**

**(TO BE MAINTAINED BY INCHARGE VICTIM ASSISTANCE CELL,
SSP/UT OFFICE)**

List of Columns of the Register

1. S.No.
2. FIR No.
3. Police Station
4. Name of Address of deceased/injured
5. Name and Address of next of kin(where applicable)
6. Documents Received from Police Station
7. Diary of receipt of documents from Police Station.
8. Diary No. & Date of dispatch of documents to victim.
9. Remarks (Confirmation of receipt of documents,additional assistance required by victim etc.)