

**DISTRICT AND SESSIONS COURT, TAPI AT VYARA
M.A.C.P. CASE FILING FORM
(TO BE FILLED IN ENGLISH CAPITAL LETTERS ONLY)**

APPLICANT'S DETAIL

APPLICANT'S NAME :

GENDER : MALE () FEMALE () AGE : CASTE :

FATHER / MOTHER / HUSBAND NAME :

ADDRESS :

MOBILE NUMBER : EMAIL ID :

NATIONALITY : OCCUPATION :

**ADVOCATE'S DETAILS : (1) NAME _____
(2) MOBILE NUMBER _____ (3) ENROLMENT NUMBER _____**

APPLICANT'S BANK DETAIL

BANK NAME : ACCOUNT NO :

BRANCH NAME : IFSC CODE :

FIRST PAGE PHOTO COPY OF PASSBOOK : ()

APPLICANT'S AADHAR CARD NO :

**APPLICANT'S PERMANENT ACCOUNT NUMBER
(PAN/APPLICATION/REFERENCE NO.):**

Note:-Claimant is Income tax assessee or not and having PAN Card or not and in case has a PAN Card to provide the PAN No. and in case the application is so pending, to provide the application / Reference No.

OPPONENT'S DETAIL

NAME :

GENDER : MALE () FEMALE () AGE : CASTE :

FATHER / MOTHER / HUSBAND NAME :

ADDRESS :

MOBILE NUMBER : EMAIL ID:

NAME OF INSURANCE COMPANY :

CASE DETAILS :

CLAIM (RS) FATAL () INJURY () DAMAGE ()

SECTION : INTERIM APPLN : YES / NO

FIR NO : FIR YEAR :

DATE OF ACCIDENT : PLACE OF ACCIDENT :

REGISTERED NO. OF VEHICAL INVOLVED IN ACCIDENT: (1)

(2)

(3)

DATE : / /202

(SIGNATURE)

FOR OFFICE USE ONLY

CASE TYPE:	CASE NUMBER:
DATE OF FILING:	NEXT DATE: