

**FORMAT FOR DISCLOSING MATERIAL DETAILS WHILE
FILING CLAIM APPLICATIONS UNDER SECTION 166(1) OF
THE MOTOR VEHICLES ACT, 1988**

(For Applicant)

The Motor Accident Claims Tribunal -

Case Type

:

Applicant's Details		
(In Case of Minor, Details of Guardian be filled up)		
First Name	:	
Middle Name	:	
Surname	:	
Address	:	1. Local 2. Permanent
Sex (M/F/T)	:	Age : Caste:
Nationality	:	Occupation :
Mobile Number	:	Phone Number :
E-mail ID	:	
In case of death, Whether all the heirs/legal representatives of the deceased have been joined? (Yes/No)	:	

Note: In case of more than one applicants above mentioned information is to be provided in separate sheet.

- * In case of fatal accident claim - the names of all the heirs/legal representatives of the deceased shall be mentioned.
- * In case of injury - the name of injured shall be mentioned.
- * In case of damage of vehicle/property - the name of owner of the vehicle/property shall be mentioned.

Bank Details of Claimant/s	
(Self attested copy of PAN Card, 1 st page of Bank Passbook and a copy of cancelled cheque with recent Photograph shall be attached herewith)	
Name of Bank and Branch	
Bank Account Number	

IFSC Code	:	
Aadhaar Number (copy attached)	:	
PAN Card Number Income Tax assesses - Yes/No (In case of the application is pending, provide the application/reference No.)	:	

Case Details		
Nature of claim petition:	Fatal () Injury () Damage caused to the vehicle/ property etc. ()	
Subject/Claim Amount:		
Act:		
Section:		
Date of Accident:		
Interim Application: Yes/No	Fatal () Injury ()	
Police Station Details:		
Place of Accident:		
Police Station Name: (With Taluka/District)		
F.I.R. No. with year:		
Advocate's Details		
Name:		
Middle Name:		
Surname:		
Enrollment No.:		
Mobile Number:		Phone Number:
E-Mail ID:		

Date:

Name: _____

Place:

Signature: _____

FORMAT- (For opponents)

The Motor Accident Claims Tribunal -

(The opponents details should be filled up for all the Opponent/s)

Case Type:

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Opponent/s		
Name of Driver of the Vehicle	:	
Address	:	
Sex (M/F/T) :	:	Age : Caste:
Nationality	:	Occupation :
Mobile Number	:	Phone Number:
E-mail ID	:	
Name of the owner of the Vehicle		
Address	:	
Sex (M/F/T) :	:	Age : Caste:
Nationality	:	Occupation :
Mobile Number	:	Phone Number:
E-mail ID	:	
Insurance Company		
Name of the Insurance Company (With whom vehicle is insured)	:	
Address	:	
E-mail ID	:	
Number of Claim Petition/s arising out of the same accident and the place of Tribunal:		

Date:

Name: _____

Place:

Signature: _____

Note: If the Claimant/Victim does not have a PAN Card/Aadhaar Card, they shall contact the District Legal Services Authority. The Official of the DLSA, shall provide all help and assistance in procuring the PAN Card/Aadhaar Card.

So far as the Claimant residing in the Jurisdiction in the Taluka, they shall contact TLSCs concerned. The Officials of the TLSC concerned shall provide all help and assistance in procuring the PAN Card/Aadhaar Card.

