

FORM – XIV

BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL

.....

.....**Petitioner(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
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10. Photographs of the injured and the injuries
11. Computation of Compensation: -

S.No.	Heads	Claim of Petitioner(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			