

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 for loss of 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