

**Before the Motor Accidents Claims Tribunal, Chennai**

O.P. No. \_\_\_\_\_ of 20 \_\_\_\_\_

\_\_\_\_\_

... Petitioner

Versus

\_\_\_\_\_

... Respondent

**Petition u/s 166, 140/142 of M.V.Act and Rule 3 of M.A.C.T. Rules**

Necessary particulars in respect of Injured / Deceased and vehicle, are given below:

1.	Name and father’s name of the person injured / deceased	
2.	Full address of the person injured / deceased	
3.	Age of the person injured / deceased	
4.	Occupation of the person injured / deceased	
5.	Name and address of the employer if any of the injured / deceased	
6.	Monthly income of the person injured / deceased	
7.	Does the person in respect of whom compensation is claimed pay income tax? If so, state the amount of income tax (to be supported by documentary evidence)	

8.	Place, date and time of the accident	
9.	Name and address of the Police Station in whose jurisdiction the accident took place or was registered	
10.	Whether the person in respect of whom compensation is claimed travelling by the vehicle, involved in the accident. If so, give the names of places of starting of journey and destination.	
11.	Nature of injuries sustained	
12.	Details of the damages caused to the property on account of the accident	
13.	Name and address of the Medical Officer / Practitioner, if any who attended on the injured / deceased	
14.	Period of treatment and expenditure, if any, incurred thereon	
15.	Disability for work, if any, caused	
16.	Registration Number and type of the vehicle	
17.	Name and address of the owner of the vehicle	
18.	Name and address of the insurer	

19.	Name and address of the driver in charge of the vehicle at the time of accident		
20.	Was any claim been lodged with the owner/injurer, if so with what result?		
21.	Name and address of the Applicant		
22.	Nature of relationship with the deceased		
23.	Title to the property of the deceased		
24.	Amount of compensation claimed		
25.	<b>Particulars of loss and expenses</b>		
	PART-I		
	(a)	Loss of earning from..... To .....	Rs.
	(b)	Partial loss of earnings from..... to .....	Rs.
	(c)	At the net rate of Rs.	Rs.
	(d)	Transport to Hospital	Rs.
	(e)	Extra nourishment	Rs.
	(f)	Damage to clothing and articles	Rs.
	(g)	Others	Rs.
	PART-II		
	(h)	Compensation for pain and suffering	Rs.
	(i)	Compensation for continuing of permanent disability, if any	Rs.
	(j)	Compensation for the loss of earning member	Rs.
		TOTAL	Rs.

26.	Whether the application is not made within six months of the occurrence of the accident, the cause thereof	
27.	(i) Whether the injured / deceased has been involved in any other Road accident earlier (if yes, give details)	
	(ii) Whether the injured / deceased has preferred a claim for damages in any case earlier and if so with what result?	
	(iii) Whether the injured / deceased is related to or is known to the owner of the vehicle and if so how?	
28.	Any other information that may be necessary or helpful in the disposal of this claim. Here furnish a brief account of how the accident occurred and state how the applicant is entitled to claim compensation and how the Respondents are liable to pay compensation claimed?	
31.	State how the Respondents are liable to pay compensation to the petitioner?	

Counsel for Petitioner Petitioner

**VERIFICATION**

I, \_\_\_\_\_, do hereby declare that the facts and particulars stated above are true and correct to the best of my/our knowledge and that I/we have not claimed or obtained any compensation under the Workmen's Compensation Act, 1923 so far as this case is concerned.

Dated at Chennai on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Petitioner

**THE MOTOR ACCIDENTS CLAIMS TRIBUNAL AT CHENNAI**

O.P. No. \_\_\_\_\_ of 20\_\_\_\_\_

\_\_\_\_\_  
Versus  
\_\_\_\_\_

... Plaintiff

... Defendant

**NOTE:**

Value of the Claim Rs. \_\_\_\_\_

Court Day \_\_\_\_\_

**Application made by above named Plaintiff / Defendant for issue of Process (and Deposit of Witness Batta, Etc.)**

Nature of Process sought to be issued with section of law	Name and description of person on whom or on whose property, the process is sought to be issued or executed	The Municipal Division or other place where the process is to be served or executed	Distance in miles from Court house	Travelling allowance for journey to and from the Court house Rs.	Class of allowance	Subsistance allowance		Process Fees Rs.	Remarks
						Amount Rs.	For how many days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Dated at Chennai on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Counsel for \_\_\_\_\_

***The Motor Accidents  
Claims Tribunal at  
Chennai***

O.P. No \_\_\_\_\_ of 20 \_\_\_\_\_

\_\_\_\_\_  
... Plaintiff

Versus

\_\_\_\_\_  
... Defendant

**PROCESS APPLICATION**

\_\_\_\_\_  
Counsel for Plaintiff / Defendant

***Before the Motor Accident Claims Tribunal at Chennai***

O.P. No. \_\_\_\_\_ of 20 \_\_\_\_\_

M.P. No. \_\_\_\_\_ of 20 \_\_\_\_\_

\_\_\_\_\_ ... Petitioner

Versus

\_\_\_\_\_ ... 1<sup>st</sup> Respondent

\_\_\_\_\_ ... 2<sup>nd</sup> Respondent

To

WHEREAS the above named petitioner has made an application to this Court under section 166 of Motor Vehicles Act.

You are hereby warned to appear in this Court in person or by a pleader duly instructed on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at 10.15 a.m. in the forenoon to show cause against the application failing which the said application will be heard and determined exparte.

GIVEN under my hand and the seal of the Court, this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

