

# FORM I

[Clause 20 (1)]

## Form of application for compensation from Solatium Fund

I, .....son\*/daughter\*/widow\* of Shri .....  
residing at ..... having been grievously injured in motor  
vehicle accident hereby apply for grant of compensation for the grievous injuries  
sustained. Necessary particulars in respect of the injury sustained by me are given  
below:—

I, .....son of/daughter of/widow of\* Shri ..... residing at ..... hereby apply as a legal representative/agent for the grant of compensation on account of death/injuries sustained by Shri/Shrimati/Kumari .....son of/daughter of/widow\* of Shri .....who died/had sustained injuries in a motor vehicle accident on ..... at ..... Particulars in respect of accident and other information are given below:—

1. Name and father's name of person injured (husband's name in case of married woman or widow):
2. Address of the person injured/dead:
3. Age.....Date of Birth.....
4. Sex of the person injured/dead:
5. Place, date and time of the accident:
6. Occupation of the person injured/dead:
7. Nature of injuries sustained:
8. Name and address of Police Station in whose jurisdiction accident took place or was registered:
9. Name and address of the Medical Officer/Practitioner who attended on the injured/dead:
10. Name and address of the claimant/claimants:
11. Relationship with the deceased:
12. Any other information that may be considered necessary or helpful in the disposal of the claim:

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT

\*Strike out whichever is not applicable.