

FORM- IX

MECHANICAL INSPECTION REPORT

By Investigating Officer (through Motor Vehicle Inspector) to Claims Tribunal
Along with DAR within ninety (90) days of Accident

FIR No.	
Date	
Under Section	
Police Station	

Date of Mechanical Inspection	
Name of Motor Vehicle Inspector	
Registration No. of Motor Vehicle Inspector	

1.	Vehicle Registration No.	
2.	Vehicle Type	Motorized 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
3.	Vehicle make	
4.	Model Name	
5.	Colour of vehicle	
6.	Engine Number	
7.	Chassis Number	
8.	Location of vehicle inspection	
	Accident Site	
	Garage	
	Other (Specify)	

9.	In case of Commercial Vehicle	
	Details of Fitness	
	Details of permit	
10.	Evidence of Impact 1 (Paint Transfer)	
	Paint Transfer found	Yes No
	Colour of Paint Transfer	
	Location of Paint Transfer	
11.	Evidence of Impact 2 (Scratch marks/ Others)	
	Type of scratch	
	Location of scratch	
12.	Point of Impact	
13.	Mechanical condition of Vehicle	
	Steering	
	Wheels	
	Wipers	
	Mirrors	
	Others	
14.	Whether vehicle modified by	
	Installing CNG/LPG Kit	
	Change of vehicle body	
15.	Condition of Tyres	Original Retreaded
16.	Horn	
	Whether installed	Yes No
	If yes, whether functional	Yes No
17.	Brake lights & other lights functional	Yes No
18.	Whether vehicle had faulty number plate	Yes No
19.	Status of Airbags	
	Whether the vehicle fitted with airbags	Yes No
	If yes, whether airbags were deployed	Yes No
20.	For educational institution bus, whether the vehicle was fitted with the doors that can be shut & whether the vehicle had a suitable inscription to indicate that they are in the duty of an educational institute	
21.	Whether vehicle had tinted glasses	Yes No
22.	Speed Limiter Devices in cases of PSVs (Commercial Vehicles)	
	Whether vehicle fitted with Speed Limiter	Yes No
	If yes, whether functional	Yes No

23.	Parking Sensors	
	Whether Rear Parking Sensors installed	Yes No
	If yes, whether functional	Yes No
24.	Vehicle Location Tracking (VLT) Devices	
	Whether installed	Yes No
	If yes, whether functional	Yes No
25.	Description of damage (including internal & external damage and estimated cost of damage)	
26.	Other details	
i.	Vehicle Category	Motorized Non-motorized
ii.	Registration Number Status	Known Unknown Without Registration
iii.	Registration Number Status	Permanent Registration No. Temporary Registration No. Trade Certificate No. None Obtained
iv.	Load Category	Passengers Goods
v.	Year of Manufacture	
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	
ix.	Tax Details	
x.	Seat Capacity	
xi.	Insurance Company	
xii.	Disposition	Can be driven away Need to be towed Cannot be towed
xiii.	Manoeuvre at Accident	Turning Right Turning Left Overtaking from left Making U turn Going ahead overtaking Going ahead not overtaking Parked Reversing

		Sudden Start Starting from off side Starting from near side Sudden Stop Merging Diverging Stationary Using Private Entrance Parking Vehicle Temporarily Held Up
xiv.	Vehicle Damage	Rear Damage Front Damage Top Damage Left Damage Right Damage Multiple Damage No Damage Total Damage
xv.	Accused/ Victim	Accused Vehicle Victim Vehicle Not Known
xvi.	Brake Type	Air Brake Hydraulic Mechanical Vaccum Assisted Hydraulic Brake
xvii.	Condition of Brake	Air Brake • Satisfactory • Want of air • Leakage of air • Worn out parts Hydraulic • Satisfactory • Want of fluid • Leakage of fluid Mechanical • Satisfactory • Worn out parts • Lack of Lubrication

		- Slackness in adjustment Vaccum Assisted Hydraulic Brake - Satisfactory - Want of fluid - Leakage of fluid - Want of air - Leakage of air - Worn-out parts
xviii.	Condition of Foot Brake	Active Inactive
xix.	Condition of Hand Brake	Active Inactive
xx.	Brakes Even or Not	Even Not even
xxi.	Mechanical Failure	Yes No
xxii.	Tyre Condition	Worn Out In Order Remoulded Original Satisfactory Bald Wear Bead Separation Belt Separation Bent Bead Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect Cracking Between Tread Flat Spot Wear One side wear Sidewall Bubble Tread Separation Mushroomed Tread Rapid Shoulder Wear Rapid Centre Wear Tyre Burst/Blowouts Cupping / Scalloped Wear Damaged Bead Sidewall Tear

		Sidewall Wear
xxiii.	Mechanical	Wornout parts Lack of lubrication Defective parts Slackness in adjustment
xxiv.	Vehicle Defect Type	No defect Bald tyre Brakes Head Lights Steering Tyre puncture Multiple defects None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect Opinion cannot be given None of the above
xxvi.	Steering Type	Electronic Hydraulic Mechanical
xxvii.	Steering Condition	Free Not Working Working In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes No
xxx.	Whether Rear Parking Sensors Installed	Yes No
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found
xxxii.	Damage Status	Rear Damage Front Damage Top Damage Left Damage Right Damage

		Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes No
xxxiv.	Run Protection Device and Side Under Run Protection Device	Yes No
xxxv.	Bull Bars	Yes No
xxxvi.	Reflective Tapes	Yes No
xxxvii.	Wind Screen Safety	Yes No
xxxviii.	Track Mark	Yes No
xxxix.	Check Report Issued?	Yes No

1. Photographs of the vehicle

Images/ Videos to be attached:

1. Main Resting Place of Vehicle
2. Damage to Vehicle
3. Damage to Property

Motor Vehicle

InspectorDate : _____

FORM-X

VERIFICATION REPORT

By Investigating Officer to Claims Tribunal Along with DAR within ninety (90) days
of Accident through information available on VAHAN Database

FIR No.	
Date	
Under Section	
Police Station	

1.	Vehicle Registration No.	
	Validity Period	
2.	Engine No.	
3.	Chassis No.	
4.	Category of Vehicle	LMV/ HMV/MGV Private or Commercial
5.	Vehicle Make & Model	
	Make	
	Model	
6.	Owner Details	
	Name	
	Address	
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	
	Validity	
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	
10.	In case record not available, state reasons	

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____

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 <i>If not, give reasons for delay</i>	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 of loss for 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

FORM - XII**VICTIM IMPACT REPORT**

By State Legal Services Authority to concerned criminal court within thirty (30) days of conviction and to be considered at the time of sentencing

S. No.	Description	Particulars
1.	FIR No., date and under Section(s)	
2.	Name of Police Station	
3.	Date, time and place of offence	
4.	Nature of injury/loss suffered by the victim(s)	
	i. Physical harm	
	a. Simple injuries	
	b. Grievous injuries	
	c. Death	
	ii. Emotional harm	
	iii. Damage/loss of property	
	iv. Any other loss/injury	
5.	Brief description of offence(s) in which the accused has been convicted	
6.	Name of the victim	
7.	Father's /Spouse's name	
8.	Age	
9.	Gender	
10.	Marital status	
11.	Addresses: Permanent	
	Present	
12.	Contact information: Mobile	
	Email ID	

I. Death Case

S. No.	Description	Particulars
13.	Name of the deceased	
14.	Father's/Spouse's name	
15.	Age of the deceased	
16.	Gender of the deceased	
17.	Marital status of the deceased	
18.	Occupation of the deceased	
19.	Income of the deceased	

20.	Name, age and relationship of legal representatives of deceased:			
	Name	Age	Gender	Relation
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
21.	<i>Details of losses suffered</i>			
	<i>Pecuniary Losses:</i>			
(i)	Income of the deceased (A)			
(ii)	Add-Future Prospects (B)			
(iii)	Less-Personal expenses of the deceased (C)			
(iv)	Monthly loss of dependency [(A+B) – C = D]			
(v)	Annual loss of dependency (D x 12)			
(vi)	Multiplier (E)			
(vii)	Total loss of dependency (D x 12 x E = F)			
(viii)	Medical Expenses			
(ix)	Funeral Expenses			
(x)	Any other pecuniary loss/damage			
	<i>Non-Pecuniary Losses:</i>			
(xi)	Loss of consortium			
(xii)	Loss of love and affection			
(xiii)	Loss of estate			
(xiv)	Emotional harm/trauma, mental and physical shock etc.			
(xv)	Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident/death of the deceased victim.			
(xvi)	Any other non-pecuniary loss/damage			
	<i>Total loss suffered</i>			

II. ***Injury Case***

S. No.	Description	Particulars
22.	Name of the injured	
23.	Father's /Spouse's name	
24.	Age of the injured	
25.	Gender of the injured	

26.	Marital status of the injured			
27.	Occupation of the injured			
28.	Income of the injured			
29.	Nature and description of injury			
30.	Medical treatment taken by the injured			
31.	Name of hospital and period of hospitalisation			
32.	Details of surgeries, if undergone			
33.	Whether any permanent disability? If yes, give details			
34.	Whether the injured got reimbursement of medical expenses			
35.	Details of family/dependents of the injured:			
	Name	Age	Gender	Relation
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
36.	<i>Details of losses suffered</i>			
<i>Pecuniary Losses:</i>				
(i)	Expenditure incurred on treatment, conveyance, special diet, attendant etc.			
(ii)	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment			
(iii)	Loss of income			
(iv)	Any other loss which may require any special treatment or aid to the injured for the rest of his life			
(v)	Percentage of disability assessed and nature of disability as permanent or temporary			
(vi)	Percentage of loss of earning capacity in relation to disability			
(vii)	Loss of future Income (Income x % Earning Capacity x Multiplier)			
(viii)	Any other pecuniary loss/damage			

	<i>Non-Pecuniary Losses:</i>	
(i)	Pain and suffering	
(ii)	Loss of amenities of life, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.	
(iii)	Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident.	
(iv)	Emotional harm/trauma, mental and physical shock etc.	
(v)	Disfiguration	
(vi)	Loss of marriage prospects	
(vii)	Loss of Reputation	
(viii)	Any other non-pecuniary loss/damage	
	<i>Total loss suffered</i>	

III. Damage/Loss to the property

S. No.	Description	Particulars
37.	Description of the property damaged/lost	
38.	The value of loss suffered	

IV. Conduct of the accused

S. No.	Description	Particulars
39.	Whether the accused fled from the Spot If so, when he/ she appeared before Police/ Court or arrested?	
40.	Whether the Accused reported the accident to the Police/ family of the victim	
41.	i. Whether the Accused provided any assistance to the victim? ii. Whether the Accused took the victim to the hospital? iii. Whether the Accused visited the victim at the hospital?	
42.	Whether the Accused remained at the spot till police arrived	
43.	Whether the Accused cooperated in the investigation	
44.	Whether the Accused removed his/ her vehicle from the spot before police arrived	
45.	Whether the Accused paid compensation/ medical expenses to victim/ his family	
46.	Whether the Accused has previous convictions	
47.	Whether the Accused is/ was a close relative or friend of the victim	
48.	Age of the Accused	
49.	Gender of the Accused	
50.	Whether accused suffered injuries during the accident	

51.	Whether the Accused discharged the duties under sections 132 and 134 of the Motor Vehicles Act, 1988? If no, whether the Accused has been prosecuted under section 187 of Motor Vehicles Act, 1988	
52.	Whether the Driver has been previously involved in a motor accident case If Yes, provide following details: FIR Number and Police Station	
53.	In case the driver fled from the spot, did the owner comply with the provisions of section 133 of Motor Vehicles Act, 1988	
54.	Any other information regarding the conduct of the Accused	
55.	<i>Apparent contributing circumstances</i>	
i.	Driving without valid driving license	
ii.	Driving while disqualified	
iii.	Learner driving without supervision	
iv.	Vehicle not insured	
v.	Driving a stolen vehicle	
vi.	Vehicle taken out without the consent of the owner	
vii.	Driving dangerously or at excessive speed	
viii.	Dangerously loaded vehicle/ Overloaded	
ix.	Parking on the wrong side of the road	
x.	Improper parking/ Parking on wrong side of road	
xi.	Non-observance of traffic rules	
xii.	Poorly maintained vehicle	
xiii.	Fake/forged driving license	
xiv.	History of convulsions/ seizures	
xv.	Fatigued/ Sleepy	
xvi.	Guilty of violation of traffic rules in the past	
xvii.	Previous convictions	
xviii.	Suffering from medical condition that impairs driving	
xix.	Using mobile phone while driving (Handheld)	
xx.	Using mobile phone while driving (Handsfree)	
xxi.	More than one injured/ dead	
xxii.	Under the influence of alcohol or drugs	
56.	<i>Aggressive Driving</i>	
i.	Jumping Red Light	
ii.	Abrupt braking	
iii.	Neglect to keep to the left of road	
iv.	Criss Cross Driving	
v.	Driving on the wrong side	
vi.	Driving close to vehicle in front	
vii.	Inappropriate attempts to overtake	

viii.	Cutting in after overtaking	
ix.	Exceeding Speed Limit	
x.	Racing/ Competitive Driving	
xi.	Disregarding any warnings	
xii.	Overtaking where prohibited	
xiii.	Driving with loud music	
xiv.	Improper reversing	
xv.	Improper passing	
xvi.	Improper turning	
xvii.	Turning without indication	
xviii.	Driving in no-entry zone	
xix.	Not slowing at junctions/ crossings	
xx.	Turning with indication	
xxi.	Not respecting stop sign	
xxii.	Not respecting right of way to pedestrians	
57.	<i>Irresponsible Behaviour</i>	
i.	Failing to stop after accident	
ii.	Ran away from the spot after leaving the vehicle	
iii.	Destruction or attempt to destroy the evidence	
iv.	Falsely claiming that one of the victims was responsible for the accident	
v.	Trying to throw the victim off the bonnet of the vehicle by swerving in order to escape	
vi.	Causing death/injury in the course of dangerous driving post commission of crime or chased by police in an attempt to avoid detection or apprehension	
vii.	Offence committed while the offender was on bail	
viii.	Took any false defence	
ix.	Misled the investigation	
x.	Post-accident road rage behaviour	

IV. Paying capacity of the accused

The accused has submitted the affidavit of his assets and income .The particulars given by the accused in his affidavit have been verified through Sub-Divisional Magistrate /Police/Prosecution and after considering the same, paying capacity of the accused is assessed as under:

.....

.....

.....

.....

V. Recommendations of State Legal Services Authority

After taking into consideration the gravity of the offense, severity of mental/physical harm/injuries suffered by the victim(s); losses suffered by the victim(s) and the paying capacity of the accused, the recommendations of the Committee are as under: -

.....
.....
.....
.....

Place: **Member Secretary**

Dated: **State Legal Services Authority**

Documents considered and attached to the report

In Death Cases:

1. Death certificate
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Proof of the legal representatives of the deceased (Names, Age, Address, Phone Number & Relationship)
5. Treatment record, medical bills and other expenditure
6. Bank Account no. of the legal representatives of the deceased with name and address of the bank
7. Any other document found relevant

In Injury Cases:

1. Multi angle photographs of the injured
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Treatment record, medical bills and other expenditure.
5. Disability certificate (if available)
6. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of a) Certificate from the employer; b) Extracts from the attendance register.
7. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
8. Any other document found relevant

FORM – XIII

BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL

.....

....Petitioners(s)

Versus

.....

.....Respondent(s)

FORMAT OF WRITTEN SUBMISSIONS TO BE FILED BY PARTIES IN DEATH CASES

1. Date of accident
2. Name of the deceased.....
3. Age of the deceased.....
4. Occupation of the deceased.....
5. Income of the deceased.....
6. Name, age and relationship of legal representatives of deceased

S.No.	Name	Age	Relation
1.			
2.			
3.			
4.			
5.			

7.Computation of Compensation

S.No.	Heads	Claim of Petitioners(s)	Response of Respondent(s)
i.	Income of the deceased (A)		
ii.	Add-Future Prospects (B)		
iii.	Less-Personal expenses of the deceased (C)		
iv.	Monthly loss of dependency [(A+B) – C = D]		
v.	Annual loss of dependency (D x 12)		
vi.	Multiplier (E)		
vii.	Total loss of dependency (D x 12 x E = F)		
viii.	Medical Expenses (G)		
ix.	Compensation for loss of consortium (H)		
x.	Compensation for love and affection (I)		
xi.	Compensation for loss of estate (J)		
xii.	Compensation towards funeral expenses (K)		
TOTAL COMPENSATION (F + G + H + I + J+ K =L)			
INTEREST			

FORM – XIV

BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL

.....

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

S.No.	Heads	Claim of Petitioners(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			

FORM – XV

SUMMARY OF COMPUTATION OF AWARD AMOUNT IN DEATH CASES TO BE INCORPORATED IN THE AWARD

1. Date of accident.....
2. Name of the deceased.....
3. Age of the deceased.....
4. Occupation of the deceased.....
5. Income of the deceased.....
6. Name, age and relationship of legal representatives of deceased:

S.No.	Name	Age	Relation
i.			
ii.			
iii.			
iv.			
v.			
vi.			
Computation of Compensation			
S.No.	Heads	Awarded by the Claims Tribunal	
7.	Income of the deceased (A)		
8.	Add-Future Prospects (B)		
9.	Less-Personal expenses of the deceased (C)		
10.	Monthly loss of dependency [(A+B) – C = D]		
11.	Annual loss of dependency (D x 12)		
12.	Multiplier (E)		
13.	Total loss of dependency (D x 12 x E = F)		
14.	Medical Expenses (G)		
15.	Compensation for loss of consortium (H)		
16.	Compensation for loss of love and affection (I)		
17.	Compensation for loss of estate (J)		
18.	Compensation towards funeral expenses (K)		
19.	TOTAL COMPENSATION (F + G + H + I + J + K =L)		
20.	RATE OF INTEREST AWARDED		
21.	Interest amount up to the date of award (M)		
22.	Total amount including interest (L+M)		
23.	Award amount released		
24.	Award amount kept in FDRs		
25.	Mode of disbursement of the award amount to the claimant(s).		
26.	Next Date for compliance of the award.		

FORM-XVI

**SUMMARY OF THE COMPUTATION OF AWARD AMOUNT IN INJURY CASES TO BE
INCORPORATED IN THE AWARD**

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.....
-

10.	Computation of Compensation	
S.No.	Heads	Awarded by the Tribunal
11.	Pecuniary Loss:	
(i)	Expenditure on treatment	
(ii)	Expenditure on conveyance	
(iii)	Expenditure on special diet	
(iv)	Cost of nursing/attendant	
(v)	Cost of artificial limb	
(vi)	Loss of earning capacity	
(vii)	Loss of income	
(viii)	Any other loss which may require any special treatment or aid to the injured for the rest of his life	
12.	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.	
13.	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)	
14.	TOTAL COMPENSATION	
15.	INTEREST AWARDED	
16.	Interest amount up to the date of award	
17.	Total amount including interest	
18.	Award amount released	
19.	Award amount kept in FDRs	
20.	Mode of disbursement of the award amount to the claimant(s).	
21.	Next Date for compliance of the award.	

FORM - XVII

COMPLIANCE OF THE PROVISIONS OF THE SCHEME TO BE MENTIONED IN THE AWARD

1.	Date of the accident	
2.	Date of filing of Form-I - First Accident Report (FAR)	
3.	Date of delivery of Form-II to the victim(s)	
4.	Date of receipt of Form-III from the Driver	
5.	Date of receipt of Form-IV from the Owner	
6.	Date of filing of the Form-V-Interim Accident Report (IAR)	
7.	Date of receipt of Form-VI and Form-VIA from the Victim(s)	
8.	Date of filing of Form-VII - Detailed Accident Report (DAR)	
9.	Whether there was any delay or deficiency on the part of the Investigating Officer? If so, whether any action/ direction warranted?	
10.	Date of appointment of the Designated Officer by the Insurance Company	
11.	Whether the Designated Officer of the Insurance Company submitted his report within thirty (30) days of the DAR?	
12.	Whether there was any delay or deficiency on the part of the Designated Officer of the Insurance Company? If so, whether any action/direction warranted?	
13.	Date of response of the claimant(s) to the offer of the Insurance Company	
14.	Date of the award	
15.	Whether the claimant(s) were directed to open savings bank account(s) near their place of residence?	
16.	Date of order by which claimant(s) were directed to open savings bank account(s) near his place of residence and produce PAN Card and Aadhaar Card and the direction to the bank to not issue any cheque book/debit card to the claimant(s) and make an endorsement to this effect on the passbook	
17.	Date on which the claimant(s) produced the passbook of their savings bank account near the place of their residence along with the endorsement, PAN Card and Aadhaar Card?	
18.	Permanent Residential Address of the claimant(s)	
19.	Whether the claimant(s) savings bank account(s) is near his place of residence?	
20.	Whether the claimant(s) were examined at the time of passing of the award to ascertain his/their financial condition?	

FORM – XVIII

FORMAT OF RECORD OF AWARDS TO BE MAINTAINED BY THE CLAIMS TRIBUNAL

DATE		Page No. of the Register
S. NO.	PARTICULARS	
1.	Date of Award	
2.	Case number	
3.	Title of the case	
4.	Award amount	
5.	Date of notice of deposit by the depositor to the Claimant(s)	
6.	Date of notice of deposit by the Tribunal to the Claimant(s)	
7.	Amount of interest upto date of notice of deposit	
8.	Amount deposited along with date of deposit	
9.	Amount of interest upto date of notice of deposit	
10.	Whether entire award amount and interest deposited. If no, balance outstanding award amount/interest	
11.	Action interest taken to recover the balance award	
12.	Date of release of the award amount to the Claimant(s)	
13.	Mode of release of the award amount: (Give the details of endorsement made on the cheques)	
14.	Remarks	

FORM – XIX

MOTOR ACCIDENT CLAIMS ANNUITY DEPOSIT (MACAD) SCHEME

S. No.	Scheme Features	Particulars/Details
1.	Purpose	One time lump sum amount, as decided by the Court / Tribunal, deposited to receive the same in Equated Monthly Installments (EMIs), comprising a part of the principal amount as well as interest.
2.	Eligibility	Individuals including Minors through guardian in single name.
3.	Mode of Holding	Singly
4.	Type of account	Motor Accident Claims Annuity (Term) Deposit Account (MACAD)
5.	Deposit Amount	i. Maximum: No Limit ii. Minimum – Based on minimum monthly annuity Rs. 1,000/- for the relevant period.
6.	Tenure	i. 36 to 120 months ii. In case the period is less than 36 months, normal FD will be opened. iii. MACAD for longer period (more than 120 months) will be looked as per direction of the Court.
7.	Rate of interest	Prevailing rate of interest as per Tenure.
8.	Receipts/Advices	i. No Receipts will be issued to depositors. ii. Passbook will be issued for MACAD
9.	Loan Facility	No loan or advances shall be allowed.
10.	Nomination facility	i. Available. ii. MACAD shall be duly nominated as directed by the court.
11.	Premature Payment	i. Premature closure or part lump sum payment of MACAD during the life of the claimant will be made with permission of the court. However, if permitted, the annuity part will be reissued for balance tenure and amount, if any, with change in annuity amount. ii. Premature closure penalty will not be charged. iii. In case of death of the claimant, payment to be given to the nominee. The nominee has an option to continue with the annuity or seek pre-closure.
12.	Tax deduction at source	i. Interest payment is subject to TDS as per Income Tax Rules. Form 15G/15H can be submitted by the Depositor to get exemption from the Tax deduction. ii. The annuity amount on monthly basis net of TDS, will be credited to the MACT Savings Bank account.

FORM - XX**FORMAT FOR THE INFORMATION OF MACT****STAGE – I : ACCIDENT DETAILS (to be submitted by Investigating Officer within 90 days)**

PARTICULARS	DETAILS			
Accident Details:				
Date of accident				
Place of accident				
Case registered at:				
P.S.				
District				
State, PIN				
I.O. Particulars:				
Phone				
Address				
Mail				
Final Report date:				
Victims:				
Casualties	1.			
	2.			
	..			
Injuries (other than casualty)	1.			
	2.			
	..			
Hospitals Involved:				
Name	1.	2.	3.	...
Details				

VEHICLE DETAILS

Vehicles involved	1.	2.	3.	...
Corresponding owner(s) of vehicles				
Corresponding driver of the vehicles				
Insurance agencies:	1.	2.	3.	...
Name of Representative				
Contact details				

STAGE – II : CLAIM DETAILS (to be provided by MACT)

PARTICULARS	DETAILS			
MACT case number	<i>(to be allocated by respective MACT)</i>			
Claim petition:				
Number	1.	2.	3.	
Date				
Place of filing				
Claimant:				
Name	i. ii. ...	i. ii. ...	i. ii. ...	i. ii. ...
Address(es)				
Contact				
Relationship with				
PARTICULARS	DETAILS			
victim(s)				
Aadhaar				
Advocate representing the Claimant	1.	2.	3.	
Name				
Phone No.				
Enrollment No.				
Email ID				
MACT Award (Date, Particulars):	1.	2.	3.	...
Claim Disbursement Details				
Appeal filed, if any:	1.	2.	3.	...

CRIMINAL CASE DETAILS (to be provided by Magistrate Court)

PARTICULARS	DETAILS			
Case number	1	2	3	...
FIR Number				
Date of Reporting				
IPC Section No.				