**APPLICATION FOR COMPENSATION**

 Ref No. [[Format of the Reference No.]]

Date: [[Date]]

To

[[Name]]

[[Name of father]]

[[Address]]

Shri/Shrimati/Kumari [[Name]] Son of/Daughter of/Widow of Shri [[Name]] who died/had sustained injuries in an accident on [[Date]] at [[Place]].

Particulars in respect of accident and other information are given below :

1. [[Name]] and [[Father’s name]] of person injured/dead [[Husband’s name in case of married woman of widow]]
2. [[Address]] of the person injured/dead.
3. Age [[Age]] Date of birth [[Date]]
4. [[Sex]] Sex of the person injured/dead.
5. [[Name of 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/s]] and [[addresses]] 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

Yours Truly

Claimant

[[Claimant Email: Identity | Signature]]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*[[Name | Uppercase]]\*\*

[[Address]]

[[Contact]]