

**Application for compensation under Section 16 of the Act in respect of claims for compensation for death and injury as a result of train accident or untoward incident**

[See Rule 5 of the Railway Claims Tribunal (Procedure) Rules, 1989]

Application under Section 16 of the Act in respect of claims for compensation arising out of accident to a train.

PART I

Title of the case:

PART II  
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Signature of the Applicant

For use in Tribunal's Office.

Date of filing  
Or  
Date of Receipt by post  
Registration No.  
Signature for Registrar.

### PART III

To,

The Railway Claims Tribunal,  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ son/daughter/wife/widow of \_\_\_\_\_  
[residing at] \_\_\_\_\_ having been injured in railway  
accident to train or untoward incident hereby apply for the grant of compensation for the injury sustained.

I, \_\_\_\_\_ son/daughter/wife/widow of \_\_\_\_\_  
[residing at] \_\_\_\_\_ hereby apply as dependant for the grant of compensation on  
account of the death/injury sustained by Shri/Kumari/Shrimati \_\_\_\_\_  
son/daughter/wife/widow of Shri/Shrimati \_\_\_\_\_ who died/was injured in the  
railway accident referred to hereunder.

Necessary particulars in respect of the deceased/injured in the accident are given below:

1. Name and father's name of the person injured/dead (husband's name in the case of married woman or widow)
2. Full address of the person injured/dead.
3. Age of the person injured/dead.
4. Occupation of the person injured/dead.
5. Name and address of the employer of the deceased, if any-
- 6 (a) Brief particulars of the accident indicating the date and place of accident and the name of the train involved-
- 6 (b) Brief particulars of the untoward incident indicating the date and place of the untoward incident.
7. Class of travel, and ticket/pass number, platform ticket number to the extent known \_\_\_\_\_.
8. Nature of injuries sustained along with medical certificate.
9. Name and address of the Medical Officer/Practitioner, if any, who attended on the injured/dead and period of treatment \_\_\_\_\_
10. Disability for work, if any, caused.
11. Details of the loss of any luggage on account of the accident to the train  
\_\_\_\_\_
12. Has any claim been lodged with any other authority? If so, particulars thereof  
\_\_\_\_\_
13. Name and permanent address of the applicant \_\_\_\_\_
14. Local address of the applicant if any
15. Relationship with the deceased/injured \_\_\_\_\_
16. Amount of compensation claimed \_\_\_\_\_
17. Where the application is not made within one year of the occurrence of the accident to the train or untoward incident, the grounds thereof \_\_\_\_\_
18. Any other information or documentary evidence that may be necessary or helpful in the disposal of the claim \_\_\_\_\_

19. Mention the documents, if any, filed along with application.

I, \_\_\_\_\_ solemnly declare that \_\_\_\_\_  
(a) the particulars given above are true and correct to the best of my knowledge and  
(b) I have not claimed or obtained any compensation in relation to  
the injury/death/loss of luggage which is the subject matter of this application.

Date:  
Place:

Signature or left thumb impression of the applicant  
  
(Name of the witness and his address in case left  
Thumb-impression is put by the applicant)

#### VERIFICATION

I, \_\_\_\_\_ (Name of the applicant)  
S/o, D/o, W/o, \_\_\_\_\_ age \_\_\_\_\_ resident of  
\_\_\_\_\_ do hereby verify that the contents of paragraphs  
\_\_\_\_\_ to \_\_\_\_\_ are true to my personal knowledge, and paragraphs \_\_\_\_\_ to \_\_\_\_\_ are believed to  
be true to the best of my knowledge or the legal advice given to me, and that I have not suppressed any  
material fact.

Date:  
Place:

Signature of the applicant  
Full address:

To,  
The Registrar,  
Railway Claims Tribunal,

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