

Since this service is for the facilitation to the aggrieved families to claim their righteous compensation from the Insurance Company of the Vehicle at Fault and therefore the aggrieved family's case shall be forwarded to the insurers with a request to arrange for its speedy expedition. The Insurers may consider or may not consider the proposal. Issuance of the form is not to be taken as admission of any liability.

FORM DETAILS FOR DEATH CASES	
Name of the deceased	
Parentage	
Address	
Name / parentage/address of the person lodging the claim and his relation with the deceased / injured	
E mail of claimant	
Date/place of accident including tehsil, district, state	
Vehicle no. involved. Name/address of the driver at the time of accident	
Its policy and currency	
Insurers Address Email address	
Police report no and date`	
Police post, police station, police district and state name	
Name of the investigating officer	
Has panchnama been carried out. If yes then all details it comprises	
Other crime details	
Cause of loss As per police report	
Name and addresses of the witnesses	1. 2.
Name of the doctor attended the deceased	
Duration of the period under which he/she had undergone the treatment.	
Nature of injuries	
Whether any history of fall noticed by any of the doctors attending the deceased.	
Whether any claim lodged with MACT, if yes,	



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Tribunal of which district of which state					
Name/address of the counsel of the petitioner with his phone number					
Was the injured/deceased employed? Name, address of the employer, his income from the employment with proof					
Whether ESIP, personal accident policy and LIC policy been purchased by deceased/injured? If yes then complete details.					
Whether the claiming heirs of the injured / deceased are the legal heirs. Proof to this regard be furnished to substantiate.					
Has claimant filed a MACT application? If yes, name/place of the MACT court. Title of the case					
The legal heirs to furnish affidavit with regard that no other claim has been lodged by them or any other dependent in any court of India arising out of the above event.					
Name/age of dependents with their relations to the injured / deceased.					
Death claim investigator appointed earlier		Whether any investigator from insurers has contacted the legal heirs of the deceased or not. If yes his name.			
Details of deceased		Name		Age	Address
		Occupation	Name of employer	Income	
Name of His dependants		Name	Age	Whether party to the petition ?	Relation with deceased & Phone Nos.
					Father 9419191919
1					
2					
3					
4					
5					

Signature of the claimant

Witness No. 1 Signature

Name

Date

Address

Place

Witness No. 2 Signature



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Name

Address

CONSENT LETTER ON AFFEDAVIT of RS.10.00 FOR DEATH CASES

Is/o.....r/o----- certify that I am the legal heir of deceased Mr.-----s/o-----r/o ----- who was seriously injured lateron died (at spot/died while being shifted to hospital/ died after admission in the hospital) in the accident on ~ day of ~~~~~, 200* at ~~~~~.

I am interested in out of court settlement and i have gone through the terms and conditions and that shall be binding on me. I give my consent for the out of court settlement.

I also state that the information provided in the registration from and the documentary evidences is true to the best of my knowledge and belief and nothing has been concealed.

I request you and authorize you to process and proceed with the out of court settlement with the concerned insurers.

The fees shall be paid to your organisation on finalisation of the award/insurance claim if the claim is refuted by insurers and subjudged in court, then half of the fees shall be paid and i shall be relieved from all the terms and conditions of the contract thereafter and shall be entitled to proceed and plead my legitimate cause in the competent court of law.

Name of claimant	two witnesses to the agreement
Parentage	1. Name
R/o`	2.parentage
Signature/date	3. Signature/date

The affidavit should be Duly notarized by Notary public or Justice of peace



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While uploading the form please ensure to attach the following certificates.

FORMALITIES LIST DEATH CASE:

1. AGE PROOF
2. RESIDENCE PROOF
3. Copy of PAN NUMBER, RATION CARD AND VOTER I.D. CARD
4. FIR WITH ENGLISH TRANSLATION
5. AFFEDAVIT
6. PREVIOUS HISTORY OF ANY AILMENTS
7. MLC NO., MRD NO, PRESCRIPTIONS OF DOCTORS, HOSPITAL RECORDS, INVESTIGATIONS, TEST REPORTS, X RAYS, MRI REPORTS, CATSCAN, ULTRASOUNDS ETC. BILLS
8. POST MORTEM EXAMINATION CERTIFICATE,
9. SUCCESSION CERTIFICATE
10. INCOME CERTIFICATE
11. DEPENDANTS, AGE AND RELATIONS, their MARITAL STATUS



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