

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	
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	
Disability %age as per the certificate	
Certificate issuing authority with designation	
Whether disability permanent or temporary	



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Whether any history of fall noticed by any of the doctors attending the deceased. Or any other previous illnesses the injured contracted?					
Whether any claim lodged with MACT, if yes, Tribunal of which district of which state					
Name/address of the counsel of the petitioner with his phone number					
Was the injured 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					
investigator appointed earlier by the Insurance Company	Whether any investigator from insurers has contacted the legal heirs of the deceased or not. If yes his name.				
Details of Injured	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					
DETAILS OF INJURED IN ACCIDENT					
Details of person who suffered a loss in the accident	Name	Age		Address	



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	INCOME of injured	Occupation	Income in Rs.	Employer Name
	HOSPITALISATION	Name of hospital	Bills	Amount
		Name of treating doctor	Prescription and recommendations and the duration of treatment at hospital and at OPD	Payment particulars and amount incurred
		Type of injury	Disablement whether temporary or permanent	Percentage of the disability
		MRD No.	Date of admission	Date of discharge

Signature of the claimant

Witness No. 1 Signature

Name

Date

Address

Place

Witness No. 1 Signature

Name

Address


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CONSENT LETTER ON AFFEDAVIT FOR INJURY CASES

Is/o.....r/o----- certify that I was seriously injured in the accident on ~ day of ~~~~~, 200* at ~~~~~ caused by Vehicle no. . The FIR was lodged with P/S _____

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

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.

The fees shall be paid to your organisation on finalisation of the award/insurance claim if the claim is refuted by insurers and subjudiced 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
Duly notarized	



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

FORMALITIES LIST INJURIES CASE:

1. AGE PROOF
2. RESIDENCE PROOF, COPY OF PAN CARD, COPY OF RATION CARD, COPY OF VOTER ID CARD
3. FIR with English translation
4. AFFEDAVIT
5. MLC NO.PRESCRIPTIONS, PREVIOUS HISTORY OF ANY AILMENTS HOSPITAL RECORDS, INVESTIGATIONS, TEST REPORTS, X RAYS, MRI REPORTS, CATSCAN, ULTRASOUNDS ETC.
6. BILLS
7. INCOME CERTIFICATE
8. COPY OF PAN CARD AND RATION CARD
9. DISABLEMENT CERTIFICATE issued by Medical Council



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