

FORM II

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,

