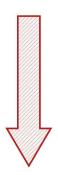
Customer can register his Compensation Claim through Web at Railway Claims and Refund Website www.claims.indianrail.gov.in.

However, claims registered on the above website will be processed on submission of formal Claim Application by Claimant.

Application Form for Claim Compensation



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.

l'ART I

Title of the case:

PARTII INDEX

Sl. No	Description of documents attached	Page No	
1.	Application		
3. 4.			
5. 6 ·			
		Signature of the A	policant

For use in Tribunal's Office.

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

"PART III

PROFORMA FOR APPLICATION FOR COMPENSATION UNDER THE RAILWAY CLAIMS TRIBUNAL ACT BEFORE THE RAILWAY CLAIMS TRIBUNAL AT

O.A	./
1	Applicant(s)
. Vs	
Union of India by	Hoppondent(s)
General Manager,(Zone)	
(Place)	
	WARD INCIDENT
APPLICATION FOR COMPENSATION FOR DEATH/	INJURIES IN ACCIDENT/UNTOWARD INCIDENT
Personal details of the applicant(s):	Towns and maidenant
	nd's name and residence:
Name, father's name and age of the person inju-	ured/dead (husband's name in the case of married
woman or widow):	
<u> </u>	
4. Occupation of the person injured dead:	
5. Name and address of the employer of the decar	ased, if any:
	iseu, ii ariy.
6. In case of death, was the victim married: Yes () No ()
(Tick what is appropriate; leave as blank which is	not applicable or score off the same)
(i) (a) If yes, name of the spouse:	
Name(s) of child(reri) irrespective of the ma-	rital status:
(b) Have all the above named persons been in	inpleaded in the application? Yes () No ()

	No. 1
(d)	Was the deceased in relationship of the nature of marriage with anyone? Yes () No ()
(e)	If yes, the name of the person:
(f) I	there is/are child(ren) through the relationship, his/her/their name(s).
(a)	If parent(s) is/are alive? Yes () No (). Is/are she/he/they dependant(s)? Yes () No ()
(b)	If yes, name(s) of the surviving parent(s):
(11)	ii yes, name(s) or the sarring part is
	n the event of the pre-decease of parent(s) date(s) of death:
(II) (a) If not married. nme(s) of surviving parent(s):
Na	nme(s) of surviving parent(s)
(H) Is/are there minor brother(s) who is/are dependant(s) on deceased? Yes () No ()
(6	li yes. his/their name(s):
	ii yes. iiis/tileii riaiiie(s).
) Is are there unmarried sister(s)? Yes () No ()
10	If yes. her/their name(s):
	if yes, ner/meir name(s).
	and the state of t
	iments filed to prove the identity and relationship for deceased victim:
	Aadhaar of applicant(s) with number(s) and address(es) of applicant(s).
	If Aadhaar is not filed for any of the applicants, is there any other proof of identity? Yes () o (') If yes, describe the document(s) other than the type of document mentioned in (ii) or (iii) below and the name of the issuing authority:
	below and the manie of the issuing authority.
(ii) E	Election ID card for major applicant(s):
(iii)	Ration card:
()	
(a) The issuing authority and the year of issue:
	b) Name(s) of member(s) of the family:
Note	: If no proof of identity is filed for any of the applicants, the application will be summarily
rejec	
B. Did	the injured victim/deceased have mobile telephone? Yes () No ()
	es. the phone number and name of the operator:
	the victim make a phone call to any relative/friend at/or/during travel or just before the cident/untoward incident? Yes () No ()
(c) If y	es. the name of the person to whom the call was made with phone number

TICK	et No:		Date	ad/mm/yyyy	Time of	issue 00/30 hours
	GI NO.		Date:	do mininyyyy	1,111,0	
(c) The						ga in announce eeus se
		· · · · · · · · · · · · · · · · · · ·	******	remanda com necessor		ggilianius es e energe
	nether the alleged	d site of the	incident	falls within the r	oute described	above:
(e) If	ailway pass, the	pass no.:		va	lid from: dd/mn	n/yyyy to
		anation and	d proof.			****
(g) If :	she/he was a pas					
	as a seizure men	no prepared	? Yes () No ()		
	es, time of prepa				mes of person	s who have
	o, state if any oth					
				O () Aadhaar () Election ID) Credit/debit card(
	Bank(s) () Cash			Bag(s)		
(k) Any	other object(s):					
						THE REST CONTRACTOR OF THE
		1.77	y that th	e victim was un	dertaking, viz.	the station of origin a
destination	n station? Yes (
		with station	of origin	to destination st	ation for the vi-	ctim
	give the details v	vitri Stationi				
(a) If yes.						
(a) If yes.	***************************************					
(a) If yes.	***************************************					
(a) If yes.						
(a) If yes.						
(a) If yes. (b) Do you travel? Ye	u know the name s () No ()	e of the tra	in and tr	ain number in w	hich the victin	n travelled or attempt
(a) If yes.	u know the name s () No () give the details o	e of the tra	in and tr	ain number in w	hich the victin	n travelled or attempt
(a) If yes. (b) Do you travel? Ye (c) If yes.	u know the name s () No () give the details o ave you collected	e of the tra f the train. d details fro	in and tr	ain number in w RP/RPF or Stati	which the victing	travelled or attempt dent? Yes () No ()
(a) If yes. (b) Do you travel? Ye (c) If yes.	u know the name s () No () give the details o ave you collected formation was co	e of the tra f the train. d details fro ollected, fur	in and tr m the G	ain number in w RP/RPF or Stati ails of the name	which the victing the consumer of trains (to the constraints)	travelled or attempt dent? Yes () No () he extent possible) the
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If yes, give details of case number and the court where the case is/was being prosecuted:		(h)	
	(6	(0)	
			(i) FIR ()

/0	rewspaper report, it drift in
(iii	Judgment, if any ()
(d) Fa	all from the train:
(i)	While boarding the train at the railway platform of the station of origin/mid-station ()
(11	While de-boarding the train at platform/mid-station/destination station ()
	i) Accidental fall at mid-station when the train was in motion ()
(e) W	/as the train stopped at the place of fall? Yes () No ()
(f) If	yes, it was after alarm chain pull (ACP) () or at the instance of the guard () Guard () Loco
(g) If y	yes, it was after arafficitation particles (), some member of public (), GRP/RPF (), Guard () Locovers, it was by co-passenger (), some member of public (), GRP/RPF (), Guard () Locovers, it was by co-passenger (
	lot()Railway staff()
3. (a) Is th	ere an eye-witness to the incident? Yes () No ()
(b) If ye	and he was examined by the
police	e and statement recorded by GRP/RPF () or by both () or by none ()
(c) Nam	nes of other eye-witnesses. if any
	iments filed:
	uard's diary/rough journal for ACP ()
	oco-pilot's diary for ACP ()
200	intry in untoward incident register ()
(iv) S	Statement(s) of eye-witness(es) ()
(v) P	hotograph of the injured victim showing amputation, if any, or of the dead body taken at the
site o	of accident ()
(vi) A	Any other information or documentary evidence that may be necessary or helpful in the
dispo	osal of the claim:
Details of	the loss of any luggage on account of the accident/untoward incident:
/ Post-acc	ident details:
	Vas the victim admitted at the hospital? Yes () No ()
(b) If	f yes, the name of the person who accompanied the victim to the hospital at the time of
a	dmission:
	ature of injuries sustained along with medical certificate and the name and address of the
M	ledical Officer Practitioner, if any, who attended on the injured/dead and period of the
	eatment:
	/hat is the time of admission, as entered in the MLR/Accident register at the hospital?
(0)	
(e) If	the victim is alive, what are the injuries and diagnosis at the time of discharge at the hospital?
	isability for work, if any caused:
., -	
(g) If	the victim had died, post-mortem was conducted. Yes () No ()
	·

	(ii) Windi is the cause of death as emered	in the bost-morteni	Annual Contraction	
	***************************************		more an overest	
	POLYMENT CONTROL OF THE PROPERTY OF THE PROPER	and an annual		
2.	A SECURITION OF THE PARTY OF TH			
	(b) Was deceased victim identified at the		()	
	(c) Was any of the near relatives of the de	Water to the second sec)
		eceased victim available at ti	ie time of midoest	
	Yes () No ()	a see as a section		
	(d) If yes, who informed the relative(s), po			
	(e) What were the belongings recorded as			
	Ticket () Wallet purse () Aadhaai	() Election ID () PAN	card () Credit/o	debit card (
	Watch () Bangle(s) () Cash () Cel	Il phone ()		
	(f) Any other articles:			
	(g) Have the police submitted final report t	to the jurisdictional magistrat	te? Yes () No ()
	(h) If yes, what is the conclusion of the pol			

V. Lim	itation:			
(a)	s the application filed on time? Yes () No	()		
(b)	f no. state number of days or delay and the	reason(s):		
		····	•••	
	Shri Smt./Km		filed any ciam ap	plication for
this cla	ims case in any other RCT Bench or Court.			
VII. Pra	yer in the application:			
^				
Counse	of for the applicants			
		t-		Applicants
	Verifica	tion of the applicant(s)		
I we th	e applicant(s) do hereby state that the	averments made above a	are true to the b	est of my ou
knowled	dge and belief and the documents submitted	d are true copies of the orig	inal as certified to	he true by the
compet	ent authority. We further affirm that we	have understood and a	re advised that	ou dalibarat
misinfor	mation or falsehood will result in actions be	aing initiated for positive."	e advised trial a	any deliberati
	The second of the result in actions be	ing initiated for perjury		
[\n.				
Date:		Signature or left thumb in	mpression of the a	pplicant
Place:			ddress of the appli	