Annexure A

FORM – V

COMPLIANCE OF THE PROVISIONS OF THE MODIFIED CLAIMS TRIBUNAL AGREED PROCEDURE (EFFECTIVE W.E.F. 01.01.2019) TO BE MENTIONED IN THE AWARD AS PER FORMAT REFERRED VIDE ORDER DATED 07.12.2018 PASSED BY THE HON'BLE HIGH COURT IN FAO 842/2003 RAJESH TYAGI VS. JAIBIR SINGH & ORS.

1.	Date of the accident	**15.08.2018**
2.	Date of intimation of the accident by the investigating officer to the Claims Tribunal.	**---**
3.	Date of intimation of the accident by the investigating officer to the insurance company.	**---**
4.	Date of filing of Report under section 173 Cr.P.C. before the Metropolitan Magistrate.	**---**
5.	Date of filing of Detailed Accident Information Report (DAR) by the investigating Officer before Claims Tribunal.	**20.02.2023 (Claim petition 31.05.2019)**
6.	Date of Service of DAR on the Insurance Company.	**20.02.2023**
7.	Date of service of DAR on the claimant(s).	**20.02.2023**
8.	Whether DAR was complete in all respects?	**Yes**
9.	If not, whether deficiencies in the DAR removed later on?	**---**
10.	Whether the police has verified the documents filed with DAR?	**Yes**
11.	Whether there was any delay or deficiency on the part of the Investigating Officer? If so, whether any action/direction warranted?	**No**

12.	Date of appointment of the Designated Officer by the insurance Company.	**---**
13.	Name, address and contact number of the Designated Officer of the Insurance Company.	**---**
14.	Whether the designated Officer of the Insurance Company submitted his report within 30 days of the DAR? (Clause 22)	**---**
15.	Whether the insurance company admitted the liability? If so, whether the Designated Officer of the insurance company fairly computed the compensation in accordance with law.	**---**
16.	Whether there was any delay or deficiency on the part of the Designated Officer of the Insurance Company? If so, whether any action/direction warranted?	**---**
17.	Date of response of the claimant (s) to the offer of the Insurance Company.	**---**
18.	Date of the Award.	**10.04.2026**
19.	Whether the award was passed with the consent of the parties?	**No**
20.	Whether the claimant(s) were directed to open saving bank account(s) near their place of residence?	**Yes**
21.	Date of order by which claimant(s) were directed to open saving bank account (s) near his place of residence and produce PAN Card and Aadhar Card and the direction to the bank not issue any cheque book/debit card to the claimant(s) and make an endorsement to this effect on the passbook.	**20.02.2023**
22.	Date on which the claimant (s) produced the passbook of their saving bank account near the place of their residence along with the endorsement, PAN Card and Aadhar Card?	**---**
23.	Permanent Residential Address of the	*Govind*

	Claimant(s).	*S/o Sh. Prabhu Dayal R/o House No. 3, Gali No. 1, Pratap Vihar Kirari, Phase-III, Delhi.*
24.	Details of saving bank account(s) of the claimant(s) and the address of the bank with IFSC Code.	---
25.	Whether the claimant(s) saving bank account(s) is near their place of residence?	**---**
26.	Whether the claimant(s) were examined at the time of passing of the award to ascertain their financial condition.	**No**
27.	Account number, MICR number, IFSC Code, name and branch of the bank of the Claims Tribunal in which the award amount is to be deposited/transferred.	–----

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DISTRICT JUDGE-01 + MACT
NORTH WEST DISTRICT
ROHINI COURTS, DELHI
10.04.2026

FORM -IVA

SUMMARY OF COMPUTATION OF AWARD AMOUNT IN INJURY/ DEATH CASES

1.	Date of accident	:	15.08.2018
2.	Name of the injured	:	Govind Kumar
3.	Age of the deceased	:	20 years
4.	Occupation of the injured:	:	---
5.	Income of the injured	:	---
6.	Nature of injury	:	Simple, as per MLC
7.	Medical treatment taken	:	Maharishi Valmiki Hospital Dr. BSA Hospital
8.	Period of Hospitalization	:	---
9.	Whether any permanent disability ? If yes, give details	:	No

10	Computation of Compensation	
S. No.	**Heads**	**Awarded by the Tribunal**
11.	Pecuniary Loss	
(i)	Expenditure on treatment	10,496/-
(ii)	Expenditure on conveyance, nursing/ attendant charges and special diet.	55,000/-
(v)	Loss of actual earnings	28,000/-
(vi)	Loss of future earnings due to disability	---

(vii)	Any other loss which may require any special treatment or aid to the injured for the rest of his life (Prosthesis)	-
12.	**Non-Pecunicary Loss:**	
(i)	Compensation for mental and physical shock	NIL
(ii)	Pain and suffering	1,50,000/-
(iii)	Loss of amenities of life	---
(iv)	Disfiguration	---
(v)	Loss of marriage prospects	---
(vi)	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejectment and unhappiness in future life etc.	N.A
13.	Disability resulting in loss of earning capacity:	
(I)	Percentage of disability assessed and nature of disability as permanent or temporary	---
(ii)	Loss of amenities or loss of expectation of life span on account of disability	---
(iii)	Percentage of loss of earning capacity in relation to disability	---
(iv)	Loss of future income – (Income x% Earning Capacity x Multiplier)	---
14.	TOTAL COMPENSATION	**Rs. 2,43,496/-**
15.	INTEREST AWARDED	9 % per annum
16.	Interest amount up to the	

	date of award	-
17.	**Total amount including interest**	**-**
18.	Award amount released	-
19.	Award amount kept in FDRs	-
20.	Mode of disbursement of the award amount to the claimant (s). (Clause 29)	-
21.	Next date for compliance of the award. (Clause 31)	**11.05.2026**

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