 FORM OF NOTICE

[See Rule 9 (1)]

Ref No. [[Format of the Reference No.]]

Place:[[Place]]

Date: [[Date]]

Registered A.D.

Acknowledgement due

To

[[Name]]

[[Name of father]]

[[Address]]

Dear Sirs or Madams:

Notice under clause (b) of Section 18 of the Public Liability Insurance Act, 1991;

Whereas it appears to me/us that an offence under the Public Liability Insurance Act, 1991 (6 of 1991) has been committed/is being committed by [[Name]]

I/We hereby give notice of sixty days under clause (b) of Section 18 of the Public Liability Insurance Act, 1991 of my/our intention to file a complaint in the Court against.

for violation of Section [[section]] of the Public Liability Insurance Act, 1991.

I/We, in support of this notice, hereby enclose the following documents †† as evidence of proof of violation of the Public Liability Insurance Act, 1991.

Yours Truly,

DEPONENT

[[Deponent Email: Identity | Signature]]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*[[Name | Uppercase]]\*\*

[[Address]]

[[Contact]]

\* In case the notice is given in the name of a company, documentary evidence authorising the person to sign the notice shall be enclosed with this notice.

†Here give the name and address of the alleged offender. In case of a handling/manufacturing/processing/operating unit indicate the name of the unit/local and nature of activity.

††Documentary evidence include photographs/technical reports/health reports of the area, etc., relating to the alleged violation/offence.

MODEL FORM NO. 3

Ref No. [[Format of the Reference No.]]

Date: [[Date]]

Registered A.D.

To

[[Name]]

[[Name of father]]

[[Address]]

Dear Sirs or Madams:

Under Section 7-A of the Public Liability Insurance Act, 1991)

1. I/We [[Name]] as legal representative(s) of the deceased/injured [[Name of injured]] hereby give undertaking that I/we shall refund the amount of relief awarded to me/us under this Act by the Claims Settlement Officer to the owner in case I/we am/are awarded any other compensation or amount in lieu of or by way of satisfaction of a claims for compensation in respect of death or grievous hurt to [[Name]] under other provisions.

Yours Truly,

Name

[[Name Email: Identity | Signature]]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*[[Name | Uppercase]]\*\*

[[Address]]

[[Contact]]