

concerned criminal court. The Investigating Officer shall submit a copy of the DAR before the concerned criminal court within seven days of submitting the same before the Claims Tribunal. The Investigating Officer shall also submit the copy of the award passed by the Claims Tribunal before the concerned criminal court within seven days of the passing of the award.

40. Copy of the award to be sent to the State Legal Services Authority

The Claims Tribunal shall send the copy of the award to the State Legal Services Authority.

41. Record of awards of the Claims Tribunal

The record of the awards passed by the Claims Tribunals shall be maintained in a chronological order according to the date of the award in such a manner that it is easy for the litigants/lawyers to ascertain whether the compensation has been received or not. The format of the record of the awards shall be in *Form-XVIII*.

42. Victim Impact Report (VIR) to be filed by State Legal Services Authority before the concerned criminal court

After the conviction of the driver in the criminal case, the concerned criminal court shall send the copy of the judgment as well as the affidavit of the accused with respect to his assets and income to the State Legal Services Authority, and they shall conduct a summary inquiry and submit a *Victim Impact Report (VIR)* before the concerned criminal court within thirty (30) days of the conviction, as per *Form-XII*.

FORM-I

FIRST ACCIDENT REPORT (FAR)

By Investigating Officer to Claims Tribunal

Within 48 hours of the receipt of intimation of the Accident

Copy to Victim(s), Insurance Company and State Legal Services Authority (SLSA)

| | |
|----------------|--------------------|
| FIR No. | 24/23 |
| Date | 07/09/23 |
| Under Section | 279/330/304A/421pc |
| Police Station | Podong P.S. |

| | | |
|----|------------------|----------|
| 1. | Date of Accident | 07/09/23 |
|----|------------------|----------|

| | | | |
|----|---|---|--|
| 2. | Time of Accident | AT 08:30 Hrs | |
| 3. | Place of Accident | Link Road Morning Jct on P. Pedong Ps | |
| 4. | Source of Information | <input type="checkbox"/> Driver/Owner <input type="checkbox"/> Victim Witness <input type="checkbox"/> Hospital <input type="checkbox"/> Good Samaritan <input checked="" type="checkbox"/> Police <input type="checkbox"/> Others (Specify) | |
| | Name, mobile number & address of the Informant | | |
| | Name | Rupesh Lomary | |
| | Mobile No. | 779259522 | |
| | Address | of Morning Busby | |
| 5. | Nature of Accident | <input checked="" type="checkbox"/> Injury | |
| | | <input checked="" type="checkbox"/> Fatal | |
| | | <input type="checkbox"/> Damage/loss of property <input type="checkbox"/> Any other loss/injury | |
| | Number of Vehicles involved | 02 (100) | |
| | Whether Registration Number of the Offending Vehicle known | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Whether offending Vehicle impounded by the police | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Whether the driver of the offending vehicle found on the spot | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | Number of Fatalities | 01 (One) | |
| | Number of Injured | 01 (One) | |
| 6. | Details of the Hospital where victim(s) taken | | |
| | Hospital Name | Kalmipang District Hospital | |
| | Address | do | |
| | Doctor's Name | Not Known | |
| 7. | Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR | <input type="checkbox"/> Yes | |
| | | <input checked="" type="checkbox"/> No | |
| 8. | Details of Owner(s), Driver(s) and Insurance of the Vehicle(s) | | |
| | Details | Vehicle 1 (Offending vehicle) | Vehicle 2 |
| | Vehicle Details | | |
| | Vehicle Registration No. | WB 7B-F-2508 | WB 7A 4793 Bhimbar Subba S/O |
| | Driver Details | | |
| | Name of the Driver | Ravi Subba S/O Ravi Subba | |
| | Address of Driver | of Naya Bezaa SIKKIN | |
| | Mobile No. of Driver | 97949 04730 | Anil Lomary |
| | Owner Details | | |
| | Name of the Owner | Sanjay Kumar Goyal | Bhimbar Subba |
| | Address of Owner | Prakash Nagar Sankar | Podung Bhadrachal |
| | Mobile No. of Owner | 9932394121 | P. Pedong |
| | Insurance Details | | |

| | | | |
|-----------------------------------|----------------------------|--|--------------------------------------|
| Insurance Policy No. | 0162410930100 | 15060 | 731191000 |
| Period of Insurance Policy | Valid till 10/10/23 | Valid till | 4046 19th Dec 2023 |
| Name of Insurance Company | Adia AIG General Insurance | National | Insurance |
| Address of Insurance Company | to | Company | |
| 9. Details of Victim(s) | | | |
| | Name | Deceased /Injured | Address & Contact Details |
| i. | | Dhan Bho den | Morning Bushy |
| ii. | | Gurug (deceased) | |
| iii. | | Anil Tomang (Injured) | Upper Meong Morning |
| iv. | | | |
| v. | | | |
| vi. | | | |
| 10. Other Accident Details | | | |
| i. | Reporting Date & Time | at on 7/09/23 at 13:25 hrs | |
| ii. | Landmark | Link Road Morning Jotok under Pedang | |
| iii. | Severity | <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Grievous Injury <input type="checkbox"/> Simple Injury <input type="checkbox"/> Hospitalized Simple <input type="checkbox"/> Injury Non Hospitalized <input type="checkbox"/> No Injury | |
| iv. | Count of | Injured | Death |
| | Drivers | 01 | 0- |
| | Passengers | - | 01 |
| | Pedestrians | - | - |
| | Animal | - | - |
| v. | Collision Type | <input checked="" type="checkbox"/> Vehicle to Vehicle (Scooty) <input type="checkbox"/> Vehicle to Pedestrian <input type="checkbox"/> Vehicle to Bicycle <input type="checkbox"/> Vehicle to Tricycle <input type="checkbox"/> Vehicle to Animal Driven Cart <input type="checkbox"/> Vehicle to Animal <input type="checkbox"/> Skidding | |
| vi. | Collision Nature | <input checked="" type="checkbox"/> Head on Collision <input type="checkbox"/> Hit Parked Vehicle <input type="checkbox"/> Hit tree <input type="checkbox"/> Hit Fixed/Stationary Object <input type="checkbox"/> Hit from Back <input type="checkbox"/> Hit from Side <input checked="" type="checkbox"/> Run off Road <input type="checkbox"/> Overturn <input type="checkbox"/> Skidding /Overturn <input type="checkbox"/> Sideswipe <input type="checkbox"/> Vehicle Fell in Gorge/Ditch/Well <input type="checkbox"/> Vehicle Fell in River | |

| | | |
|-------|---------------------------------------|--|
| vii. | Initial Observation of accident scene | Non Provision of Parapets/Crash Barrier on Outer Curve Long Distance Covered/Driver Restless |
| | | <ul style="list-style-type: none"> Fell Down From Vehicle Illegal Parking on Road Blind Bend / Curve Alcohol abuse Carrying people in loaded vehicle Changing lane without care Dangerous Overtaking Distraction to Driver Driving against flow of traffic Drugs Abuse High Speed Inattentive Turn Accident Due to road Condition Accident Due to Weather Condition Accident due to Heavy Traffic Non-respect of rights of way rules Red Light jumping Overloaded Accident due to Vehicle Defect Over speed while crossing Zebra crossing Over speed while crossing speed breaker |
| viii. | Weather Condition | <ul style="list-style-type: none"> Sunny / Clear Cloudy Light Rain Heavy Rain Flooding of Causeway / Rivulets Hail/ Sleet Snow Smoke/ Dust Strong Wind Cold Hot |
| ix. | Light Condition | <ul style="list-style-type: none"> Day Twilight Darkness with street lights on Darkness with poor street light Darkness-No street light |
| x. | Accident Spot | <ul style="list-style-type: none"> Residential Zone Market Zone |

| | | |
|-------|---------------------|---|
| | | Institutional Zone Open Commercial Zone School Zone College Zone Other Educational Institutional Zone (Specify) Govt. Institutional Zone Hospital Zone Industrial Zone Harbour Zone |
| xi. | Visibility | Less than 25 Meters <input checked="" type="checkbox"/> 25 Meters 50 Meters 75 Meters 100 Meters and Above |
| xii. | Load Condition (1) | Excess Passengers Normally Loaded <input checked="" type="checkbox"/> Empty Not Known |
| xiii. | Load Condition (2) | Excess Goods Goods Overheight Goods Rear Overhanging Goods Side Overhanging Normally Loaded <input checked="" type="checkbox"/> Empty Not Known |
| xiv. | Road Classification | Expressway <input checked="" type="checkbox"/> National Highway State Highway Major District Road Other District Road Village Road Arterial Road Sub Arterial Road Collector Road Local Road |
| xv. | Local Body | Corporation Municipality <input checked="" type="checkbox"/> Panchayat |

P.I.S./EMPLOYEE No. : Q014003504

SHO D.O
b dyan Syangb

Phone No. : 8912423927

P.S. : Pedang P

Date : 08/09/23

Documents to be attached:

i. Copy of FIR

Images/ Videos to be attached:

i. Main Resting Place of Vehicle

ii. Damage to Vehicle

iii. Damage to Property

iv. Obstructions of Objects on Road

v. Junction/ Road Type

vi. Road Surface

vii. Skid Marks

viii. Surroundings

ix. Any feature which might have contributed to the accident

x. Other Images

xi. Other Vide

FORM 54
{See rule 150(1)and (2)}
ACCIDENT INFORMATION REPORT

1. Name of the police station : Pedong PS Dist Kalimpong.
2. CR No./Traffic accident report Ref- Pedong PS Case No-24/23 Dated 07/09/2023 U/S
279/338/304(A)/407 IPC.
3. Date, time and place of the accident On dated 07/09/23 at 5 08:30 Hrs at Link Raod Mairung Fatak
Under Sakyong G.P PS Pedong Kalimpong .
4. Name and full address of the injured : Name of Deceased : Kazi Tamang @ Dhan Bhadur Gurung
Tamang S/O Lt Jit Bhahadur Gurung @ Tamang of Moruing Under Sakyong and Name of Injured Anil
Tamang S/O Premlal Tamang Of Upper Neong Merong Both Of Pedong PS Kalimpong.
5. Name of the hospital to which he was moved : Kalimpong District Hospital
6. Registration number of vehicle and the : WB73F2508
Type of the vehicle : Goods Carrier
7. Driving license particulars:
 - (a) Name and address of the driver : Ravi Subba S/O Rajen Subba of Sisney Naya Bazaar Soreng
Geyzing West Sikkim.
 - (b) Driving license number and date of : Driving License No: SK0420130002016 , Date of Expiry
13/11/2017 Expiry.
 - (c) Address of the issuing authority : RTO Jorethang
 - (d) Badge No in case of public service Vehic : Not Known yet
8. Name and address of the owner of the vehicle at the time of the accident. : Sajay Kumar Goyal S/O Nathmal Hoyal of Prakashnagar
Sevoke Raod Darjeeling West Bengal 734001.
9. Name and address of the insurance company with whom the vehicle was insured and the particulars of the Divisional Officer of the said insurance company : TATA AIG General Insurance Company Ltd.
10. Number of insurance policy/insurance certificate and the date of validity of the insurance policy/insurance certificate. : Policy No- 01624609930100 Valid till 10/10/23
11. Registration particulars of the vehicle WB73F2508
 - (class of vehicles) : Good Carrier
 - (a) Registration No. : WB73F2508
 - (b) Engine number of Motor number in The case of Battery Operated Vehicle: : ISB5.9B4S180T191J6380844.
 - (c) Chasis No. : MAT526036K2J11693
12. Route permit particulars : N/A
13. Action taken, if any and the result... **Case is pending for further investigation**there of

Kalimpong
SPC

Pedong

2023 No. 24/23

Date 07.09.2023

079/338/304(A)/407

SECTION

Divisional Office: D. Thersalay Date: 07.09.2023

Time Period: at about 08.30 hrs

Date of Occurrence: 07.09.2023 Time: 13.25 hrs

Time of Detection: 042 Time: 13.25 hrs

Place of Occurrence: South/approx 7 km JL. NO. 20
Link Road, Mainung Fatak under Sakyang G.P.
P.S. Pedong Dist. Kalimpong

Complainant's Name: EV/ASA Rupesh Tamang

Address: Kazi Tamang @ Dhan Bahadur Gunung
Indian

Presently posted at Pedong P.S.

(g) Address: Mainung Bedy under Sakyang G.P. P.S. Pedong Dist. Kalimpong

Details of known / suspected / unknown accused with full particulars: Driven of Truck bearing
(Attach separate sheet, if necessary): NO. WB-73-F-2508

Reasons for delay in reporting by the Complainant / Information

Particulars of properties stolen / involved (Attach separate sheet, if necessary):

Total value of properties stolen / involved

Inquest Report / U.D. Case No., if any: Kalimpong P.S. U/D case no. 53/23 dt. 07.09.2023

FIR Contents (Attach separate sheets, if required): The original written complaint which
is headed as FIR is enclosed herewith.

Action taken: Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took up the
investigation / directed: S.I. Satyom Beary of Pedong P.S. to take up
investigation / refused investigation / transferred to P.S. on point of
jurisdiction. FIR read over to the Complainant/ Informant, admitted to be correctly recorded and a copy given to the Complainant /
Informant free of cost.

Rupesh Tamang

14. Signature / Thumb impression
of the Complainant / Informant

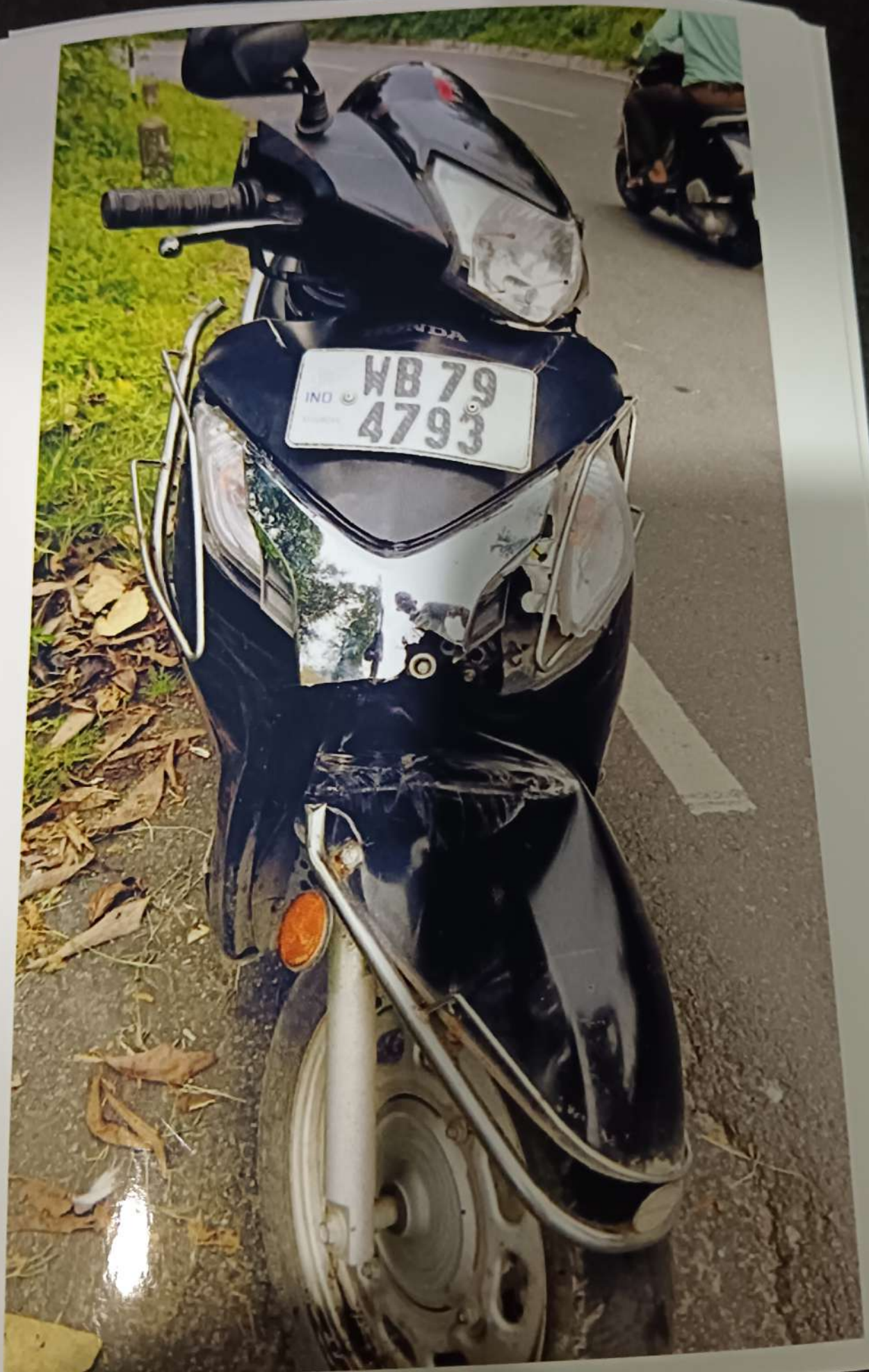
07.09.2023

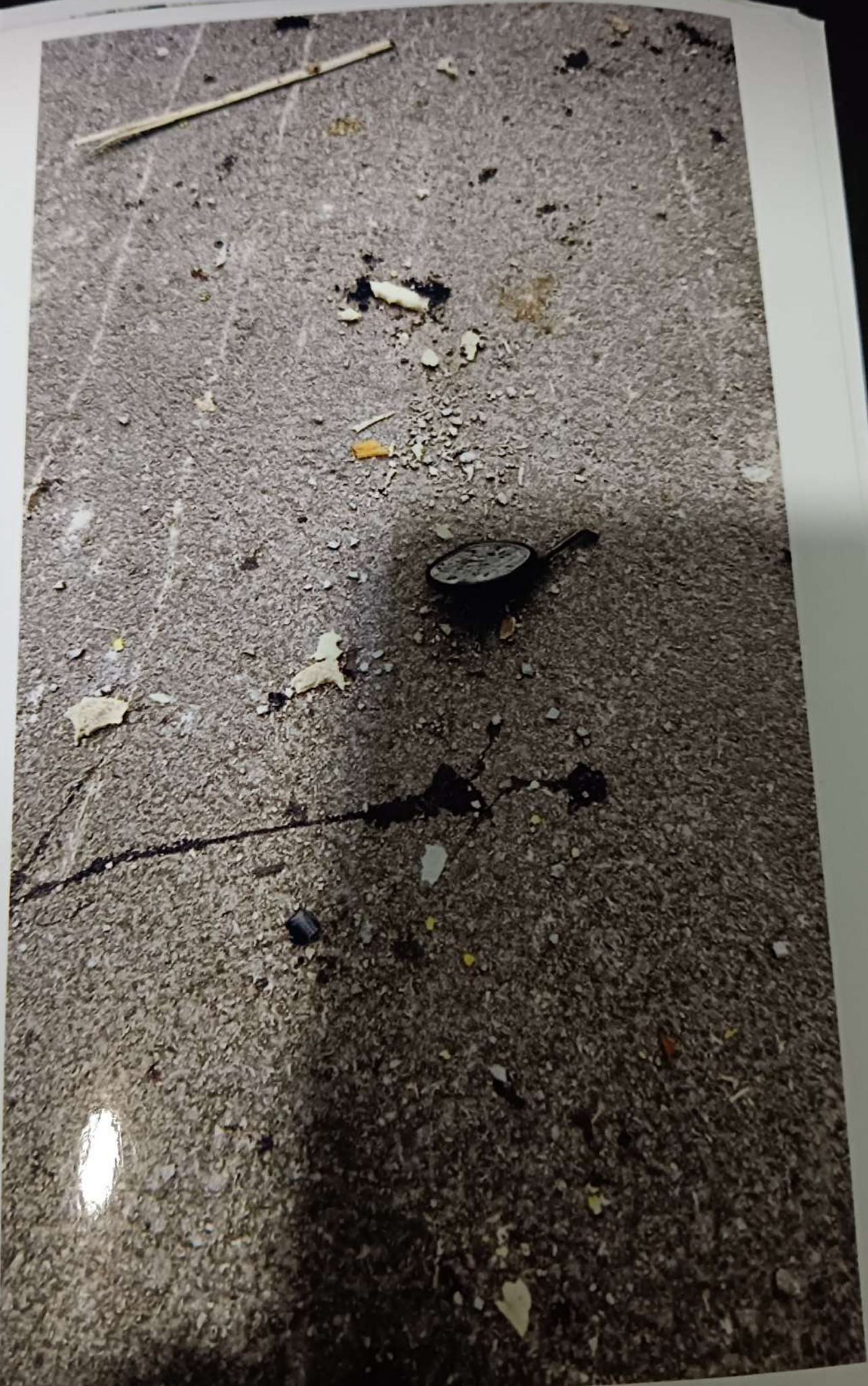
Signature of the Officer-in-Charge,
Pedong District Kalimpong
Name: THUPON THERING BHUTIA

15. Date & Time of despatch to the









FORM-III

DRIVER' FORM

By Driver of the vehicle(s) to Investigating Officer Within thirty (30) days of the Accident
Copy to Victim(s) and Insurance Company

| | |
|----------------|---|
| FIR No. | |
| Date | 24/23 |
| Under Section | 07/02/23 |
| Police Station | 079/334/304 A/42717e Pedong P.S Kolmpu |

| | | |
|-----|-------------------------------|---|
| 1. | Driver Details | |
| | Name | Ravi Subba |
| | Father's Name | Sh. Rajan Subba |
| | Mobile No. | 97 3490 47 30 |
| | Address | Naya Bezaa P. do West Siligam |
| 2. | Age/Date of Birth | 31 |
| 3. | Gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| 4. | Educational Qualifications | <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Senior Secondary Certificate <input type="checkbox"/> Higher Secondary Certificate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Uneducated |
| 5. | Occupation | <input type="checkbox"/> Private Service <input type="checkbox"/> Government Job <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Self-Employed <input type="checkbox"/> Others |
| 6. | Monthly Income | Rs. |
| 7. | Driving Licence | <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify) |
| 8. | Driving Licence No. | SK 04 2017 000 2016 |
| 9. | Period of Validity of Licence | 05/01/23 |
| 10. | Licensing Authority | Siligam |

| | | |
|------|---------------------------|--|
| | Vehicle Registration No. | NR 73 F-2508 |
| 2. | Vehicle Type | Truck. |
| 13. | Owner Details | |
| | Name | Jayraj K. Goyal |
| | Mobile No. | 9882357208 |
| | Address | of PooKash Nagar P. Bhaktinagar. |
| 14. | Insurance Details | |
| | Policy No. | 01624609930102 |
| | Period of Policy | 10/10/23 |
| | Name of Insurance Company | Tata AIG General Insurance Company |
| 15. | Other details | |
| i. | Nationality of Driver | <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreigner |
| ii. | Occupation of Driver | <input type="checkbox"/> Advocate <input type="checkbox"/> Business <input type="checkbox"/> Clerk <input type="checkbox"/> Doctor <input type="checkbox"/> Driver <input type="checkbox"/> Engineer <input type="checkbox"/> Farmer <input type="checkbox"/> House Keeper <input type="checkbox"/> Labourer <input type="checkbox"/> Police Officer <input type="checkbox"/> Politician <input type="checkbox"/> Retired Officer <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Vendor/ Small Business Owner <input type="checkbox"/> Worker <input checked="" type="checkbox"/> Other |
| iii. | Injury Type | <input type="checkbox"/> Back Injury <input type="checkbox"/> Buttocks Injury <input type="checkbox"/> Chest Injury <input type="checkbox"/> Face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Hip <input type="checkbox"/> Knee |

| | | |
|-------|-----------------------|---|
| | | Leg Neck Not Applicable Shoulders Injury Abdominal |
| iv. | Cell Phone Driving? | Yes No <input checked="" type="checkbox"/> Not Known |
| v. | Severity | <input checked="" type="checkbox"/> Fatal <input checked="" type="checkbox"/> Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury |
| vi. | Seatbelt/ Helmet | Yes No <input checked="" type="checkbox"/> Not Known |
| vii. | Drunk Driving | Yes No Not Known |
| viii. | Mode of Transport | 108 Ambulance Not Hospitalized By Self Private Ambulance <input checked="" type="checkbox"/> Private Vehicle |
| ix. | Hospitalization delay | <input checked="" type="checkbox"/> <30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized |
| x. | Driving License Type | <input checked="" type="checkbox"/> Known Unknown Without License LLR Not Applicable Juvenile |

Verification:

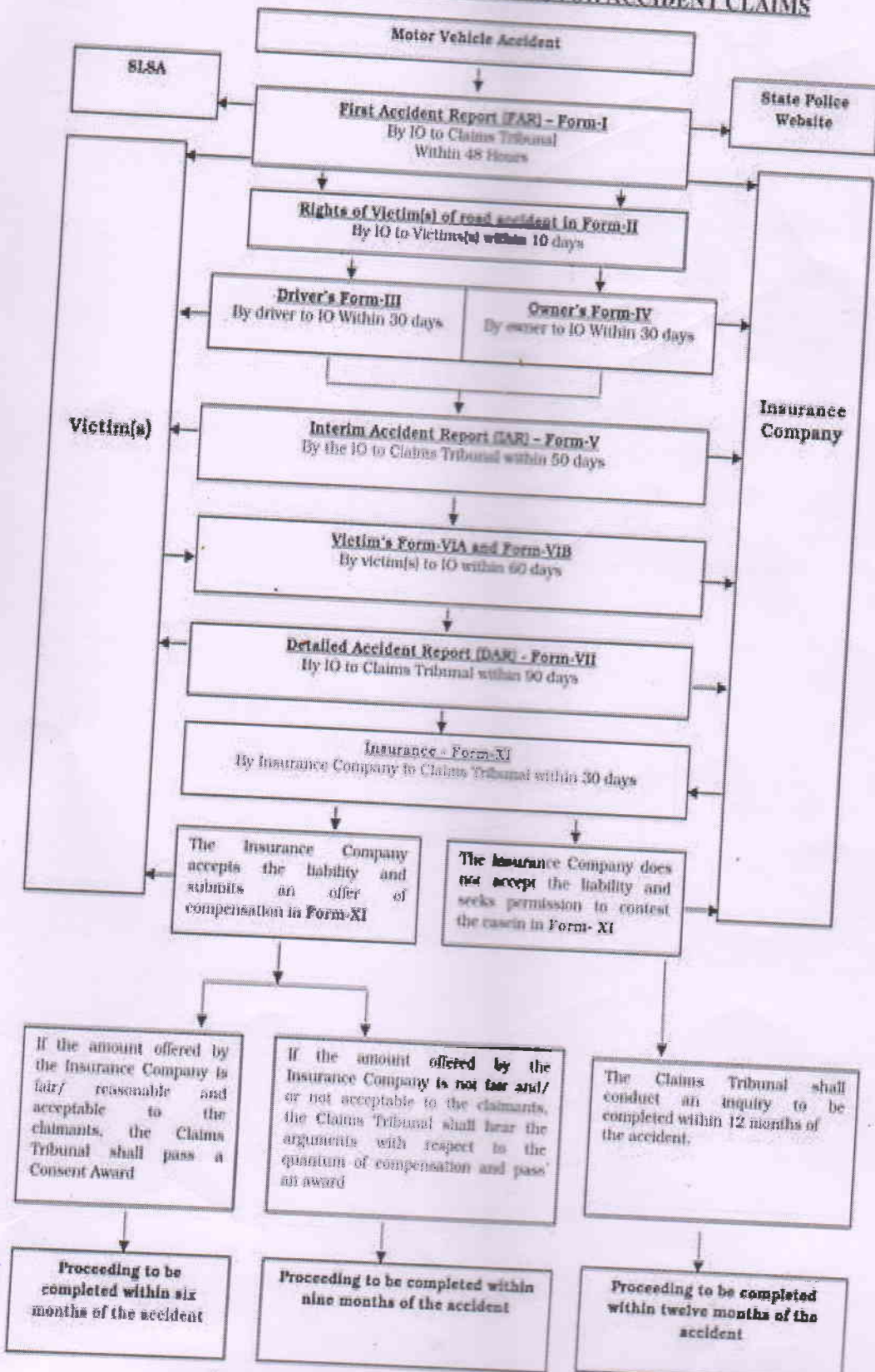
Verified at Pedregal on this Saturday day of 12/10/23 that the contents of the above Form are true to my knowledge and the documents attached are true **copies of their originals.**

Documents to be attached:

- i. ID/address proof
- ii. Driving Licence
- iii. Insurance Policy

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS





UNION OF INDIA Driving Licence
 GOVERNMENT OF SIKKIM

SK04 2013 0002016
 Date of Issue: **06-07-2013** Validity: **05-11-2033**
 Valid Till: **13-11-2027**

Date of Birth: **21-04-1992** Blood Group: **A+**

Name: **RAVI SUBBA**
 Father's Name: **RAJEN SUBBA**




SK04 2013 0002016

| | | |
|--|--|--|
|  MCWG <small>06-07-2013</small> |  LMV <small>06-07-2013</small> |  TRANS <small>03-11-2019</small> |
|--|--|--|

License No: *****9858
 Expiry Date: **14-11-2022**

Present Address:
**SISEY NAYA BAZAR,
 SORENG, GEYZING (WEST), SK, 737121**

Endorsed License:
SK04 /DLR/0000921/2022

Name: _____
 Holder's Signature: _____


LICENSE AUTHORITY
MVD Jorethang
W/O JORETHANG SOUTH SIKKIM

Form 2 (Rule 114-D)



Certificate of Insurance and Policy Schedule of the Central Motor Vehicle Rules, 1989

Producer Name: RAJU BISWAS

License Code: 24101608; Agent/Broker Contact No.: 7908205645

Table with policy details: Policy No., Policy Type, Date of Expiry, Address, Premium, Insured Business/Profession, Geographical Area, Registration Authority, HPA / Hyp / Lease to.

Table with vehicle details: Registration No., Make & Model, Body Type, Mfg Year, Gross Vehicle Weight, Cubic Capacity/KVM, Public Carrier/Private Carrier, Goods Carrying Vehicle, Engine No., Class, IDV of Vehicle, IDV of Trailer, Bi-Fuel/CNG/LPG Kit, IDV of non-built-in Accessories, IDV of Externally Built Body Type, Registered seating capacity, Total Insured Declared Value.

SCHEDULE OF PREMIUM table with columns for A. OWN DAMAGE and B. LIABILITY, including Premium on non-electrical accessories, Net Basic Liability Premium, Net Other Liability Premium, and Total Premium (Including GST).

Drivers Clause: Names or classes of persons entitled to drive: Any person including the insured. Provided that a person driving holds an effective driving license...

Limitations: The policy covers use only under a permit within the meaning of the motor Vehicles Act 1988 or such a carriage falling under section 33...

- 1. Use whilst driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
2. Use for carrying passengers in the vehicles: except employees (other than the driver) not exceeding the number permitted in the registration document...
3. Use for a) Organized racing, b) Pace making, c) Reliability Trails, d) Speed Testing.

Warranty for Goods Carrying Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle exceeds the Gross Vehicle weight mentioned in the Schedule of policy.

Limits of Liability: Under Section II-1 (i) of policy (Death of or bodily injury): Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.

Under Section II-1 (ii) of policy (Third Party Property Damage): ₹ 750,000.00
Under Section II-1 (iii) of policy (Third Party Driver Capital Sum Insured): based on Insured's declaration that he/she has other Motor Vehicle with SI & S = 15 Lac CPA Cover.

Number of vehicles covered under Depreciation Reimbursement Cover: NA
This policy does not cover pre-existing damages as per Inspection photographs and Report

Deductible Under Section - 1: 1,500.00 - (Compulsory Deductible: ₹ 1,500.00, Voluntary Deductible: ₹ 0.00, Impaired Cess: ₹ 0.00) Franchisee: ₹ 0.00

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is pending during the preceding year(s), as follows: The preceding year - 20%, preceding two consecutive years - 25%, preceding three consecutive years - 35%, preceding four consecutive years - 45%, preceding five consecutive years - 50% of NCB on OD Premium. NCB will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

Subject to: A) Endorsement No.: 07,21,23,28,40
B) TATA AIG Motor Secure endorsement No.(TA): 06

I/we hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter III and IV of Motor Vehicles Act, 1988.
In witness whereof this Policy has been signed at SILIGURI 10/10/2022
Receipt No.(s): 104341036570691 10/10/2022
Consolidated Stamp Duty has been paid to the State Exchequer.
For Tata AIG General Insurance Company LTD.

Authorized Signatory (Signature and Stamp)
TATA AIG GENERAL INSURANCE COMPANY LTD. SILIGURI BRANCH

FORM-IV

OWNER'S/ INSURED'S FORM

By Owner of the vehicle(s) to Investigating Officer Within thirty (30) days of Accident
Copy to the Victim(s) and Insurance Company

| | |
|----------------|--------------------|
| FIR No. | 24/23 |
| Date | 02/01/23 |
| Under Section | 247/331/304A/4201P |
| Police Station | Pedong P |

| | |
|----------------------------|--|
| 1. Vehicle Details | |
| Registration No. | BB 73P 2508 |
| Colour | White and Blue |
| Make | |
| Model | Tata |
| Year of Manufacture | |
| Chassis No. | MA T526031K 211693 |
| Engine No. | 15B5.9B4S180A 9468 |
| Registering Authority Name | Jayraj K Goyal |
| Vehicle Type | <input type="checkbox"/> Motorised 2-wheeler <input type="checkbox"/> Auto <input type="checkbox"/> Car/Jeep/Taxi <input type="checkbox"/> Cycle <input type="checkbox"/> Rickshaw <input type="checkbox"/> Bicycle <input type="checkbox"/> Hand Drawn Cart <input type="checkbox"/> Tempo/Tractor <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Truck/Lorry <input type="checkbox"/> Animal Drawn Cart <input type="checkbox"/> Heavy Articulated Vehicle/ Trolley <input type="checkbox"/> Not Known <input type="checkbox"/> Other (Specify) |
| Vehicle Use Type | <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Goods & Carriage <input type="checkbox"/> Garbage Truck <input type="checkbox"/> Taxi/Hired Vehicle |

Public Service Vehicle
Educational Institute Bus
Others (Specify)

2. Owner Details

Name

In case of a company, give name of person in charge in terms of section 199 of the Motor Vehicle Act, 1988

Jayjay K Royan

Father's Name

Mobile No.

Nalk Mol Royan

Address

98 323 51208

Occupation

of Prekash Nagar PS Bhokanagar
Business Man

3. Driver Details

Name

Father's Name

Ravi Subba

Mobile No.

910 Royan Subba

Address

91-849 0430

Driving Licence No..

Nayabazara PS do, Subba

Period of Validity

5/04/2017 to 02/04/2018

Licensing Authority

05/07/133

31/Kim PTO

4. Insurance Details

Policy No.

Period of Policy

016246099 30/00

Name of Insurance Company

10/10/23

Address of Insurance Company

Auto ALG General Insurance Company

Details of previous Insurance Policy

do

Whether the vehicle previously involved in any MACT case?

-

If yes, give details of FIR and MACT case.

-

5. In case of commercial vehicle

Permit details

Fitness details

6. Whether the owner reported the accident to the Insurance Company

Yes

No

7. Other details

i. Load Category

ii. Age of vehicle

Passengers

Goods

| | | |
|------|--|---|
| iii. | Vehicle Description | Transport Vehicle Non-transport Vehicle |
| iv. | Pollution under Control Certificate Validity | 06/05/23 |
| v. | Tax Details | |
| vi. | Seat Capacity | |
| vii. | Insurance Company | |

Verification:

Verified at Peddy on this Friday day of 14/10/23 that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

- i. ID/address proof
- ii. Registration Certificate
- iii. Driving Licence of the Driver
- iv. Insurance Policy
- v. Permit
- vi. Fitness

[FRESH PERMIT]

Date of Approval : 08-Nov-2019

TRANSPORT DEPARTMENT, WEST BENGAL

FORM X

[See rule 125 of WBMV Rules 1989]

**PERMIT IN RESPECT OF GOODS PERMIT
PART-A**



| | |
|--|--|
| 1. Permit No | WB/73/GP/HGP/2019/413 |
| 2. Name Of The Permit Holder | SANJAY KUMAR GOYAL |
| 3. Father's/Husband's Name | NATH MAL GOYAL |
| 4. Address | PRAKASH NAGAR SEVOKE ROAD , West Bengal Darjiling-734001 |
| 5.(i) Registration Mark of the Vehicle | WB73F2508 |
| (ii) Registration Date | 05-Nov-2019 |
| (iii) Make/Model | TATA MOTORS LTD/TATA LPT 1918 CRE BS IV |
| (iv) Chassis Number | MAT526036K2J11693 |
| (v) Engine Number | ISB5.9B4S180T191J63808448 |
| (vi) Class of Vehicle | Goods Carrier |
| (vii) Number of Persons to be carried | 2 |
| (viii) Manuf. year of the motor vehicle | 2019 |
| (x) Name of Financier, if any, with whom the Vehicle is under Hire Purchase agreement | HDFC BANK LTD |
| 6. The route or routes of the area for which the permit is valid: | |
| Region Covered : | ALL WEST BENGAL EXCEPT HILLY PORTION OF DARJEELING AND KALIMPONG DISTRICT |
| 7. Validity of the Permit : | |
| 8. Load Capacity of Vehicle : | |
| (i) Gross Weight of Vehicle | From: 08-Nov-2019 To: 07-Nov-2024 |
| (ii) Unladen Weight | 18500 |
| (iii) Pay Load | 4590 |
| 9. Nature of Goods to be carried | 13910 |
| 10. Conditions of Permit | UNRESTRICTED GENERAL GOODS ONLY Attached |

Date 08-Nov-2019

Secretary ,
State/Regional Transport Authority,
SILIGURI ARTO, West Bengal

[FRESH PERMIT]

Date of Approval : 08-Nov-2019

TRANSPORT DEPARTMENT, WEST BENGAL

FORM X

[See rule 125 of WBMV Rules 1989]

**PERMIT IN RESPECT OF GOODS PERMIT
PART-A**



| | |
|--|--|
| 1. Permit No | WB/73/GP/HGP/2019/413 |
| 2. Name Of The Permit Holder | SANJAY KUMAR GOYAL |
| 3. Father's/Husband's Name | NATH MAL GOYAL |
| 4. Address | PRAKASH NAGAR SEVOKE ROAD , West Bengal Darjiling-734001 |
| 5.(i) Registration Mark of the Vehicle | WB73F2508 |
| (ii) Registration Date | 05-Nov-2019 |
| (iii) Make/Model | TATA MOTORS LTD/TATA LPT 1918 CRE BS IV |
| (iv) Chassis Number | MAT526036K2J11693 |
| (v) Engine Number | ISB5.9B4S180T191J63808448 |
| (vi) Class of Vehicle | Goods Carrier |
| (vii) Number of Persons to be carried | 2 |
| (viii) Manuf. year of the motor vehicle | 2019 |
| (x) Name of Financier,if any,with whom the Vehicle is under Hire Purchase agreement | HDFC BANK LTD |
| 6. The route or routes of the area for which the permit is valid: | |
| Region Covered : | ALL WEST BENGAL EXCEPT HILLY PORTION OF DARJEELING AND KALIMPONG DISTRICT |
| 7. Validity of the Permit : | From: 08-Nov-2019 To: 07-Nov-2024 |
| 8. Load Capacity of Vehicle : | |
| (i) Gross Weight of Vehicle | 18500 |
| (ii) Unladen Weight | 4590 |
| (iii) Pay Load | 13910 |
| 9. Nature of Goods to be carried | UNRESTRICTED GENERAL GOODS ONLY |
| 10. Conditions of Permit | Attached |

Date 08-Nov-2019

Secretary ,
State/Regional Transport Authority,
SILIGURI ARTO, West Bengal

GOVERNMENT OF WEST BENGAL

**State Transport Department
SILIGURI ARTO
FORM 38**

[See Rule 62(1)]

CERTIFICATE OF FITNESS

(Applicable in the case of transport vehicles only)



Vehicle No: WB73F2508(Goods Carrier) is certified as complying with the provisions of the Motor vehicles Act, 1988 and the rules made there under.

Registration No : WB73F2508
Application No : WB21110317383906
Inspection Fee Receipt No : WB73R21110001039
Receipt Date : 03-Nov-2021
Chassis No : MAT526036K2J11693
Engine No : ISB5.9B4S180T191J63808448
Seating Capacity : 2 (Including Driver)
Type of Body : TRUCK OPEN BODY
Manufacturing Year : 2019
Category of Vehicle : HGV
Inspected on : 03-Nov-2021
Printed on : 16-Nov-2021 17:01:04

*Safe Drive Save Life
No. Speed Drive*

Certificate will expire on : 02-Nov-2023
Next Inspection Due Date : 04-Sep-2023

Inspected by **(BIKASH BAGHWAR)**

Bikash
Signature of Inspecting Authority
SILIGURI ARTO

GOVERNMENT OF WEST BENGAL
State Transport Department Siliguri ARTO
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : WB73F2508 Registration Date : 05-Nov-2019
Description of Vehicle : GOODS CARRIER Purpose For Printing RC : DUP
Dealer's Name & Address : FRENCH MOTORS CAR LTD, 233/3A,A.J.C.BOSE ROAD,CAL-20, , , -
Owner Name : SANJAY KUMAR GOYAL Son/wife/daughter of : NATH MAL GOYAL
Full Address: (Permanent) : PRAKASH NAGAR, SEVOKE ROAD, , DARJILING , WEST BENGAL-734001
Full Address: (Temporary) : PRAKASH NAGAR, SEVOKE ROAD, , DARJILING -WEST BENGAL-734001
Fitness UpTo : 24-Oct-2021 Tax UpTo : 24-Oct-2021
Owner Serial No : 1
Detailed Description
Class of Vehicle : GOODS CARRIER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE IV
Maker's Name : TATA MOTORS LTD
Front HSRP No : BA2800000591 Rear HSRP No : BA2800000592
Type of Body : TRUCK OPEN BODY Month/Year of Manuf. : 09/2019
No of Cylinders : 6 Chassis No : MAT526036K2J11693
Engine No : ISB5.9B4S180T191J6380844 Fuel : DIESEL
8
Horse Power(BHP) : 179.56 Cubic Capacity : 5883.00
Maker's Classification : TATA LPT 1918 CRE BS IV Wheel base : 4225
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 4590
Colour : ARCTIC_WHITE Laden/GV Wt (kgs) : 18500
Other Criteria : Service Type : Goods Service
AC Fitted : NO Vehicle Purchase As : Drive Away Chassis

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

| By Manuf. | Description | As Regd. | Weight(in kgs) |
|------------|--------------|----------|----------------|
| a) Front: | 295/90 R20=2 | | 7000 |
| b) Rear: | 295/90 R20=2 | | 11500 |
| c) Other: | | | 0 |
| d) Tandem: | | | 0 |

The motor vehicle above described is subject to Hypothecation in favour of HDFC BANK LTD, 88 CHOWRINGHEE RD, , KOLKATA, Kolkata, West Bengal-700020 w.e.f. 18-Oct-2019.

Purchase dt : 18-Oct-2019 Sale Amt : 1537220/-
OTT Date : 25-Oct-2020 Amount/Rcpt No : 7267 / WB201120C6251245
TaxUpTo : 24-Oct-2021 Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 05-Nov-2019

Other State/Transfer/Conversion Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 05-Nov-2019 to 04-Nov-2034

Date : 01-Apr-2021 17:38:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 01-Apr-2021



TRANSPORT DEPARTMENT
MOTOR VEHICLE DIVISION
GOVERNMENT OF SIKKIM
GANGTOK

Sl. No. 297

No. 161 /MV/T



Dated 10/01/2023

COUNTERSIGNATURE PERMIT

REF. RECOMMENDATION NO. 166/GCP/RC/2023 DATED 05.12.2022

COUNTERSIGNATURE IS HEREBY GRANTED TO GOODS CARRIER VEHICLE NO. LB-73-F-2508

Mr. Sanjay Kumar Goyal, Solignei TO PLY ON ALL NATIONAL HIGHWAY
& STATE HIGHWAY OF SIKKIM AS PER NEW RECIPROCAL TRANSPORT AGREEMENT '2022'. HOWEVER THE
VEHICLE SHALL NOT PLY IN THE RESTRICTED AND PROTECTED AREAS OF THE STATE OF SIKKIM.

THE VEHICLES SHALL BE ALLOWED TO CARRY THE PERMISSIBLE LOAD AS RECORDED IN THE REGISTRATION
CERTIFICATE

THE CARRIAGE SHOULD BE STRICTLY DONE UNDER SNT SUPERVISION ONLY.

THE PERMIT IS VALID FROM 01.01.2023 to 31.12.2023

BANK RECEIPT NO. 22221-11053-6138 DATED 13/01/2023

Rs 300/-

SECRETARY
STATE TRANSPORT AUTHORITY
TRANSPORT DEPARTMENT
GANGTOK, EAST SIKKIM

Form 59

[See rules 115 (2)]

Pollution Under Control Certificate

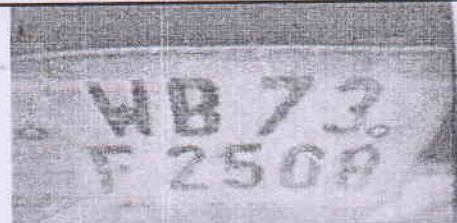
Authorised By :
Government of West Bengal

Date : **06/05/2023**
Time : **09:59:25 AM**
Validity upto : **05/05/2024**



Certificate SL. No. : WB07100560007263
Registration No. : WB73F2508
Date of Registration : 05/Nov/2019
Month & Year of Manufacturing : September-2019
Valid Mobile Number : *****8888
Emission Norms : BHARAT STAGE IV
Fuel : DIESEL
PUC Code : WB0710056
GSTIN :
Fees : Rs.100.00
(GST to be paid extra as applicable)
MIL observation : No

Vehicle Photo with Registration plate
60 mm x 30 mm



| Sr. No. | Pollutant (as applicable) | Units (as applicable) | Emission limits | Measured Value (upto 2 decimal places) |
|-----------------------|------------------------------|-----------------------|-----------------|--|
| 1 | 2 | 3 | 4 | 5 |
| Idling Emissions | Carbon Monoxide (CO) | percentage (%) | | |
| | Hydrocarbon, (THC/HC) | ppm | | |
| High idling emissions | CO | percentage (%) | | |
| | RPM | RPM | 2500 ± 200 | |
| | Lambda | | 1 ± 0.03 | |
| Smoke Density | Light absorption coefficient | 1/metre | 1.62 | 0.13 |

This PUC certificate is system generated through the national register of motor vehicles and does not require any signature.

Note : 1. Vehicle owners to link their mobile numbers to registered vehicle by logging to <https://puc.parivahan.gov.in>

Authorised Signature with stamp of PUC operator
60mm x 20 mm

TAX RECEIPT

Transport Department, Government of West Bengal
Registration Authority SILIGURI ARTO, West Bengal



| | | | |
|-----------------------------------|-------------------------------------|------------------------|----------------------------|
| Transaction / Receipt No | WB221104V3192770 / WB221104C9424351 | Vehicle Class | Goods Carrier |
| Received From: | SANJAY KUMAR GOYAL | Payment Date | 2022-11-04 11:07:43.353733 |
| Transaction Date: | 04-Nov-2022 11:09 AM | Vehicle No | WP73F2509 |
| Chasis No: | MAT526036K2JXXXXX | Bank Reference Number: | 4667613158225 |
| GRN No | 0732211044007398 | | |
| transaction identification number | 0732211044007398 | | |

| Particular | Period | Amount(In Rs) | Rebate+Exemption | Penalty(In Rs) | Surcharge(In Rs) | Amount1 | Amount2 | Total(In Rs) |
|----------------------|----------------------------|---------------|------------------|----------------|------------------|---------|---------|--------------|
| Service/Use r Charge | | 20.0 | 0.0 | 0 | 0.0 | 0.0 | 0.0 | 20 |
| Transaction Fee | | 20.0 | 0.0 | 0 | 0.0 | 0.0 | 0.0 | 20 |
| MV Tax | 25-Oct-2022 to 24-Oct-2023 | 7552.0 | 0.0 | 0 | 0.0 | 0.0 | 0.0 | 7552 |
| Additional MV Tax | 25-Oct-2022 to 24-Oct-2023 | 3776.0 | 0.0 | 0 | 0.0 | 0.0 | 0.0 | 3776 |
| TW Welfare Cess | 25-Oct-2022 to 24-Oct-2023 | 1136.0 | 0.0 | 0 | 0.0 | 0.0 | 0.0 | 1136 |
| Total | | | | | | 0.0 | 0.0 | 12504 |

GRAND TOTAL (in Rs):12504/ (TWELVE THOUSAND FIVE HUNDRED AND FOUR ONLY)

Verify the receipt by clicking Status>>Verify Receipt on Vahan Online Services portal at <https://parivahan.gov.in/vahanservice>

For further query ,Please go to the zone RTO : SILIGURI ARTO, West Bengal

Note:- This is computer generated slip, Signature is not required. Can be verified from QRcode

Note:-** Exemption, if any is added in Rebate column



Certificate of Insurance and Policy Schedule Form 58 of the Central Motor Vehicle Rules, 1989

Producer Name: RAJU BISWAS

Vehicle License Code: 24101608; Agent/Broker Contact No.: 7908205645

| | | | |
|----------------------|------------------------------|-----------------|---|
| Policy No.: | 0162460993 01 00 | Policy Type: | Auto Secure - Commercial Vehicle Package Policy |
| Period of Insurance: | From 00:00 Hrs on 11/10/2022 | Date of Expiry: | To midnight of 10/10/2023 |

| | | | |
|---------------|--|----------------------------------|----------------|
| Insured Name: | MR SANJAY | Premium (Incl. of all tax/cess): | 43697 |
| Address: | C/O-NATHAN PRAKASH SILIGURI DARJEELING WEST BENGAL INDIA Place of supply: WEST BENGAL State code: | Insured Business/Profession: | OTHER |
| | | Geographical Area: | India |
| | | Registration Authority: | Siliguri WB-73 |
| | | HPA / Hyp / Lease to: | HDFC BANK LTD. |

| Registration | Make & Model | Body Type | Mfg Year | Gross Vehicle Weight | Cubic Capacity/KW | Public Carrier / Private Carrier | Engine No. | Chassis |
|--------------------|------------------------------|-------------------------|-------------------------------------|----------------------|---------------------------------------|--|------------------------------|----------------------------------|
| WB 73 | TATA LPT 1918 TRUCK - DIESEL | TRUCK | 2019 | 18500 | | Goods Carrying Vehicle | | 9B4S180T191J63808*48 MATS16036KZ |
| IDV of Vehicle (₹) | IDV of Trailer (₹) | Bi-Fuel/CNG/LPG Kit (₹) | IDV of non-built-in Accessories (₹) | | IDV of Externally Built Body Type (₹) | Registered seating capacity including driver | Total Insured Declared Value | |
| 1,662,500 | 0.00 | 0.00 | Electrical | Non-Electrical | 0.00 | 2 | 1,662,500 | |

| A. OWN DAMAGE | | B. LIABILITY | |
|------------------------------------|-----------------|--|---------------|
| Premium on vehicle | 4,567.46 | Basic | 35.3 |
| Cover for accessories | 685.12 | Add : Legal Liability to paid driver as per (IMT 28) | 0 |
| Less: 35% discount | 1,838.40 | | |
| A. TOTAL OWN DAMAGE PREMIUM | 3,414.18 | Net Basic Liability Premium(B) | 35.3 |
| C. TOTAL LIABILITY PREMIUM | 0.00 | GST on Basic Liability Premium | 2.1 |
| Net Own Damage Premium(A+C) | 3,414.18 | UGST/SGST @6 % | 2.1 |
| GST on Own Damage | 307.00 | CGST @6 % | 2.1 |
| UGST/SGST | 307.00 | Net Other Liability Premium(D) | 0 |
| CGST | 307.00 | GST on Other Liability Cover | 0 |
| | | UGST/SGST @9 % | 0 |
| | | CGST @9 % | 0 |
| | | COMPREHENSIVE PREMIUM(A+B+C+D) | 38.8 |
| | | Total GST Amount | 4.87 |
| | | TOTAL PREMIUM(Including GST) | 43,697 |

Drivers Clause: Valid on behalf of persons entitled to drive: Any person including the insured. Provided that a person driving holds an effective driving license at the time of such driving as required from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may drive the vehicle in accordance with the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limitations: This policy covers use only under a permit within the meaning of the motor Vehicles Act 1988 or such a carriage falling under the section 66 of the Motor Vehicle Act, 1988.

- The Policy covers:
 - Use whereof is for hire or reward except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 - Use for carrying passengers in the vehicles: except employees (other than the driver) not exceeding the number permitted in the registration document and coming under purview of Workmen's Compensation Act 1923.
 - Use for a) Organized racing, b) Pace making, c) Reliability Trails, d) Speed Testing.

Warranty for Goods Carrying Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle exceeds the Gross Vehicle weight mentioned in the Schedule of policy.

Limits of Liability: Under Section II-1 (i) of policy (Death of or bodily injury). Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.

Under Section III of policy (Third Party Property Damage): ₹ 750,000.00

Under Section IV of policy (Driver Capital Sum Insured): 0/- based on Insured's declaration that he/she has other Motor Vehicle Policy No. 81 & 82 - 15 Lac CPA Cover.

Number of Depreciation Reimbursement Cover: NA

This policy covers pre-existing damages as per Inspection photographs and Report

Deductible Under Section - I: 1,500.00 - (Compulsory Deductible: 1,500.00, Voluntary Deductible: 0.00, Impairment Deductible: 0.00) Franchisee: 0.00

No Claim Bonus: Insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, provided no claim is pending during the preceding year(s), as follows: The preceding year - 20%, preceding two consecutive years - 25%, preceding three consecutive years - 35%, preceding four consecutive years - 45% and five consecutive years - 50% of NCB on OD Premium. NCB will only be allowed provided claim is settled within 90 days of the expiry date of the previous policy.

Subject to: A) Endorsement No.: 07,21,23,28,40 B) TATA AIG Motor Vehicle Endorsement No. (TA): 06

I/we hereby certify that the Policy to which this Certificate of Insurance relate well as this Certificate of Insurance are issued in accordance provisions of Chapter I and II of Motor Vehicles Act, 1988. In witness whereof this Policy has been signed at SILIGURI 10/10/2022

Receipt No.(s): 104341036570691 10/10/2022
Consolidated Stamp Duty has been paid to the State Exchequer.
For Tata AIG General Insurance Company Ltd.

Authorized Signatory


UNION OF INDIA Driving Licence

 GOVERNMENT OF SIKKIM
 SK04 2013 0002016
 Date of Issue: 06-07-2013
 Validity: 05-11-2019
 Validity: 13-11-2027
 Date of Birth: 21-04-1992
 Blood Group: A+
 Name: RAVI SUBBA
 Father's Name: RAJEN SUBBA





SK04 2013 0002016

 MCVE: 06-07-2013 MS: 06-07-2013 TRAM: 12-11-2013 *****9858
 Validity: 14-11-2022
 District Office:
 BISNET NAYA BAZAR
 SORENG, GAYTING (WEST), SIKKIM
 SK04 /DLR/00000112022
 LICENSE 
 GOVERNMENT OF SIKKIM



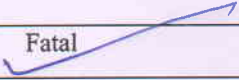
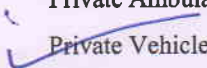

FORM-V**INTERIM ACCIDENT REPORT (IAR)**

By Passenger(s) and Pedestrian(s) to Investigating Officer to Claims
Tribunal Within fifty (50) days of Accident
Copy to Victim(s) and Insurance Company and SLSA

| | |
|----------------|-----------------------------|
| FIR No. | 24/23 |
| Date | 09/09/23 |
| Under Section | 279 331 304 A 4281 PC |
| Police Station | Pedong P |

| | | |
|----|---------------------------------|---|
| 1. | Date of Accident | 09/09/23 |
| 2. | Time of Accident | 08:30 hrs |
| 3. | Place of Accident | Main Road Marng Jaba |
| 4. | Offending Vehicle | |
| | Registration No. | LD 7312 2509 |
| | Vehicle Make | Krule |
| | Vehicle Model | . |
| 5. | Driver of the offending vehicle | |
| | Name | Ran Subbe |
| | Father's Name | Rajen Subbe |
| | Mobile No. | N/A |
| | Address | of Naga Bezoa P de West Sialam |
| | Driving Licence | <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify) |
| | Driving Licence No. | SK 04 2013 0002018 |
| | Validity of Licence | 05/01/23 |
| | Licensing Authority | ATO SIKKIN |
| 6. | Owner of the offending vehicle | |
| | Name | Jeyan K Goyal |
| | Father's Name | Nam Moh Goyal |
| | Mobile No. | 98 323 840 26 |
| | Address | of Pockan Nagar Sikkim P Bokhregal |
| 7. | In case of commercial vehicle | |
| | Permit details | |
| | Fitness details | |
| 8. | Insurance Details | |

| | | | |
|-------|--|--|---|
| | Policy No. | 01624 609930100 | |
| | Period of Policy | 10/10/23 | |
| | Name of Insurance Company | Tata Insurance | |
| | Address of the Insurance Company | Tata ALG, General Insurance Company | |
| 9. | Witness(es) to the accident | | |
| | Witness-1: Name | | |
| | Mobile No. | | |
| | Address | | |
| | Witness-2: Name | N/A | |
| | Mobile No. | | |
| | Address | | |
| | Witness-3: Name | | |
| | Mobile No. | | |
| | Address | | |
| | Witness-4: Name | | |
| | Mobile No. | | |
| | Address | | |
| 10. | Brief description of the Accident | | |
| | The Accident occurred due to some mechanical failure | | |
| 11. | Details of compliance(s) | | |
| i. | Date of filing of First Accident Report (FAR) | | |
| ii. | Date of uploading FAR on the website of Delhi Police | | |
| iii. | Date of delivery of FIR and FAR to the Insurance Company | | |
| iv. | Date of delivery of FIR, Form-II and FAR to the Victim(s) | | |
| v. | Date of receipt of Form-III from the Driver | | |
| vi. | Date of receipt of Form-IV from the Owner | | |
| vii. | Date of delivery of Form-III and Form-IV to the Insurance Company | | |
| viii. | Date of delivery of Form-III and Form-IV to the Victim(s) | | |
| ix. | Whether the information/ documents of the driver/owner have been verified. <i>If yes, attach the Verification Report.</i> | Yes | No |
| 12. | Passenger details | | |
| i. | Gender | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> TG <input type="checkbox"/> |

| | | |
|------|-------------------------|--|
| ii. | Occupation | Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other |
| iii. | Severity | Fatal  |
| | | Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury |
| iv. | Injury Type | Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal |
| v. | Mode of Hospitalization | 108 Ambulance Not Hospitalized By Self Private Ambulance  Private Vehicle |

| | | |
|-------|-------------------------|--|
| vi. | Hospitalization Delay | <30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized |
| vii. | Education | Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated |
| viii. | Passenger Position | Back Truck or Pick up Bus Passenger Front Seat Other Pillion Rider Rear Seat |
| ix. | Seatbelt/ Hemet | Yes No Not Known |
| x. | Passenger Action | Standing Sitting Boarding Falling Alighting |
| xi. | Nationality | <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreigner |
| 13. | Pedestrian Details | |
| i. | Gender | Male Female TG |
| ii. | Severity | <input checked="" type="checkbox"/> Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury |
| iii. | Mode of Hospitalization | 108 Ambulance Not Hospitalized By Self <input checked="" type="checkbox"/> Private Ambulance <input checked="" type="checkbox"/> Private Vehicle |

| | | |
|------|-----------------------|--|
| iv. | Hospitalization Delay | <p><30 Minutes</p> <p>>30 Minutes <1 Hour</p> <p>>1 Hour > 2 Hours</p> <p>> 2 Hours</p> <p>Not Hospitalized</p> |
| v. | Education | <p>Up to Standard 8</p> <p>Standard 8 to 10</p> <p>Plus 2</p> <p>Diploma</p> <p>Graduate</p> <p>Post Graduate and above</p> <p>Uneducated</p> |
| vi. | Injury Type | <p>Back Injury</p> <p>Buttocks Injury</p> <p>Chest Injury</p> <p>Face</p> <p>Hand</p> |
| | | <p>Head</p> <p>Hip</p> <p>Knee</p> <p>Leg</p> <p>Neck</p> <p>Not Applicable</p> <p>Shoulders Injury</p> <p>Abdominal</p> |
| vii. | Pedestrian Position | <p>At the Pedestrian Crossing</p> <p>Within 50 meters of Pedestrian Crossing</p> <p>At the Traffic Island</p> <p>At the Footpath</p> <p>At the Shoulder of the Road</p> <p>At the Right Hand Side of the Road</p> <p>At the Centre of Road</p> |

| | | |
|-------|-------------|--|
| viii. | Occupation | Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other |
| ix. | Nationality | <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreigner |

P.I.S./EMPLOYEE No. : S.H.O./I.O
 Phone No. : 8 267423706
 P.S. : _____
 Date : _____

Documents to be attached:

- i. First Accident Report (FAR)
- ii. Driver's Form-II along with documents submitted by the Driver
- iii. Owner's Form-III along with documents submitted by the Owner
- iv. Verification Report

FORM-VI

VICTIM'S/ CLAIMANT'S FORM

By Victim(s)/ claimant(s) and Medical Officer(s) to Investigating Officer within sixty (60) days of Accident
Copy to Insurance Company and SLSA

| | |
|----------------|--------------------|
| FIR No. | 04/23 |
| Date | 07/09/23 |
| Under Section | 029/334/3046/4224e |
| Police Station | Pedon |

| | | |
|----|--|--|
| 1. | Date of Accident | 07/09/23 |
| 2. | Time of Accident | 09130 hrs |
| 3. | Place of Accident | dhm Road Mairang Jetau |
| 4. | Nature of case | Simple Injury Grievous Injury <input checked="" type="checkbox"/> Fatal Damage/loss of the property Any other loss/injury |
| 5. | Registration Number of the offending vehicle | |
| 6. | Owner Details | N's 73 F 2504 |
| | Name | Dayan K Goyal |
| | Address | of Prakash Nega P |
| 7. | Driver Details | Bhokhregu |
| | Name | Ravi Subir Singh Rajen Jethu |
| | Address | of Naya Bezaa Padi West Sikkim |
| 8. | Insurance Details | |
| | Policy No. | SK0420190002018 |
| | Period of Policy | 05/09/2013 |
| | Name of Insurance Company | ATO Sikkim |

DEATH CASE

| | | |
|-----|---|----------------------|
| 9. | Name of the deceased | Dhan Behadur Gony |
| 10. | Father's Name | Sh. Jit Behadur Gony |
| 11. | Age / Date of Birth | 64 |
| 12. | Date of death | 02/09/23 |
| 13. | Gender of the deceased | Male |
| 14. | Marital status of the deceased | Married |
| 15. | Occupation of the deceased | Gr. Service Men |
| 16. | If the deceased was employed, give the name and address of the employer | N/A |
| 17. | Income of the deceased | N/A |

| | | | |
|--------------------|--|--|--|
| 18. | Whether the deceased was assessed to Income Tax If yes, file the copy of Income Tax Returns for the last three years | Yes | No |
| 19. | Whether the deceased was the sole earning member of the family | Yes | No |
| 20. | Details of medical treatment given to the deceased, prior to death. Give details of medical expenses incurred | | |
| 21. | Whether the victim got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme If yes, provide details | | |
| 22. | Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased | | |
| | Name | Age / Date of Birth | Gender |
| | | | Relation |
| | | | Marital Status |
| i. | HemKale Gung | | Female |
| ii. | | | Wife |
| iii. | | | Married |
| iv. | | | |
| v. | | | |
| vi. | | | |
| 23. | Name, Contact Number and Address of Legal Representatives of the deceased | | |
| | Name | Contact Number | Present Address as well as Permanent Address |
| i. | HemKale Gung | | of Marung Bushy |
| ii. | | | Pa Padang Kelumpang |
| iii. | | | |
| iv. | | | |
| v. | | | |
| vi. | | | |
| 24. | In case of children below the age of 18 years | | |
| | Name of Child | Details of school and class of the child | Annual School fee |
| | | | Approximate expenditure of the child |
| i. | | | |
| ii. | | N/A | |
| iii. | | | |
| iv. | | | |
| v. | | | |
| vi. | | | |
| INJURY CASE | | | |
| 25. | Name of the Injured | | |

| | | | | |
|------|--|---|--------------------------------|---|
| 26. | Father's Name | | | |
| 27. | Address of the Injured | | | |
| 28. | Contact No. of Injured | | | |
| 29. | Age / Date of Birth | | | |
| 30. | Gender of the Injured | | | |
| 31. | Marital status of the Injured | | | |
| 32. | Occupation of the Injured | | | |
| 33. | If the Injured was employed, give the name and address of the employer | | | |
| 34. | Income of the Injured | | | |
| 35. | Whether Injured assessed to Income Tax <i>If yes, file the copy of Income Tax Returns for the last three years</i> | | Yes | No |
| 36. | Nature and description of Injury | | | |
| 37. | Medical treatment taken by the Injured | | | |
| 38. | Name of hospital and period of hospitalization Hospital Name Period of Hospitalization Doctor's Name | | Kohimpong District Hospital | |
| 39. | Details of surgery(s), if undergone | | | |
| 40. | Whether any permanent disability <i>If yes, give details</i> | | Yes | No <input checked="" type="checkbox"/> |
| 41. | Details of the family of the Injured | | | |
| | Name . | Age / Date of Birth | Gender | Relation |
| i. | Anil Senary | | Male | Father in law |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| 42. | In case of children below the age of 18 years | | | |
| | Name of Child | Details of school and class of the child | Annual School fee | Approximate expenditure of the child |
| i. | | N/A | | |
| ii. | | | | |

| | | | | |
|-------|--|--|---|--|
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| 43. | Pecuniary Losses suffered | | | |
| i. | Expenditure on treatment | | | |
| ii. | If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment | | | |
| iii. | Expenditure on conveyance, special diet, attendant charges, etc. | | | |
| iv. | Loss of income | | | |
| v. | Loss of earning capacity | | | |
| vi. | Any other pecuniary loss/damage | | | |
| 44. | Whether the injured got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme <i>If yes, provide details</i> | | Yes | No <input checked="" type="checkbox"/> |
| 45. | Value of loss/ damage to the property | | Loss of Property | |
| 46. | Any additional information | | | |
| 47. | Brief description of the accident | | Accident occurred due to Mechanical failure | |
| 48. | Compensation claimed | | - | |
| 49. | Hospital details | | - | |
| i. | PMJAY Empanelled | Yes | | |
| | | No | | |
| ii. | Hospital name | Deen Daripita Sikhar | | |
| iii. | State | G.D. | | |
| iv. | District | Daryediy | | |
| v. | Address | | | |
| vi. | Pincode | | | |
| vii. | Hospital Type | Government | <input checked="" type="checkbox"/> Private | |
| viii. | Classification (if Government) | Primary Health Centres | | |
| | | Community Health Centres | | |
| | | District Hospital | | |
| | | Medical Colleges and Research Institutions | | |
| ix. | Speciality (if Private) | Multispecialty hospital | | |

| | |
|--|---|
| | Allergy Anesthesia Bariatric Medicine/Surgery Burn/Trauma Cardiac Catheterization Cardiology Cardiovascular Surgery Dermatology Electrophysiology Emergency Medicine Endocrinology Family practice Gastroenterology General Surgery Geriatrics Gynecology/ oncology Hematology/ oncology Hepatobiliary Hospitalist Infectious Disease Internal medicine Interventional radiology Medical genetics Neonatology Neuroradiology Neurology Neurosurgery Nuclear medicine Obstetrics & Gynecology Occupational Medicine Ophthalmology Oral Surgery Orthopedics Otolaryngology / Head & Neck Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine |
|--|---|

| | | |
|------------|--------------------------------------|---|
| | | Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT |
| x. | Mobile | |
| xi. | National Identification Number (NIN) | |
| xii. | Landline | |
| xiii. | E-Mail | |
| xiv. | Username | |
| xv. | Password | |
| xvi. | Retype Password | |
| xvii. | Hospital Location | Nea Medical Max |
| xviii. | Police District | |
| xix. | Police Station | |
| 50. | Patient's details | |
| i. | Patient Type | Medico Legal Death – Out Patient(MLD-OP) Medico Legal Death - In Patient(MLD-IP) |
| ii. | In Patient/Out Patient | out |
| iii. | Time of Arrival | |
| iv. | Patient Name | |
| v. | Patient Age | Ami Amey |
| vi. | Patient Contact Number | 811 849 3 496 |
| vii. | Gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG |
| viii. | Injury Severity | <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Grievous Injury <input type="checkbox"/> Simple Injury Hospitalized |

| | | |
|--------|--------------------------|--|
| | | Simple Injury Non Hospitalized |
| ix. | Relation (if Male / TG) | Father Guardian |
| x. | Relation (if Female) | Father Mother Guardian |
| xi. | Father Name | |
| xii. | Patient Address | of Kappa Neang Meng ^{P. Pedong} ^{K. Kamping} |
| xiii. | Accident Register Number | |
| xiv. | ID Proof | Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable |
| xv. | ID Proof Number | |
| xvi. | Identification Mark 1 | |
| xvii. | Identification Mark 2 | |
| xviii. | Informant Name | |
| xix. | Informant Address | |
| xx. | Contact Number | |
| xxi. | Doctor Name | |
| xxii. | Doctor Regn. Number | |
| 51. | Treatment details | |
| i. | Injured Part of Body | Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal |
| ii. | Trauma Flag / Triage | Red Yellow |

| | | |
|-------|------------------------|--|
| | | <p>Green</p> <p>Black</p> <p>No Pre-Arrival Intimation</p> <p>Not recorded or inadequately described</p> |
| iii. | Injury Nature | <p>Blunt Abdominal Trauma</p> <p>Cranial Trauma</p> <p>Fracture or Dislocation of Bone or Tooth</p> <p>Severe Coma</p> <p>Permanent Disfigurement of Head or Face</p> <p>Privation of any Member or Joint</p> <p>Wounds or Cut</p> <p>Degloving Injury</p> |
| iv. | Level of Consciousness | <p>Alert</p> <p>Drowsy</p> <p>Un Responsive</p> |
| v. | Breathing | <p>Spontaneous Breathing</p> <p>Non Spontaneous Breathing</p> |
| vi. | Systolic BP (MM) | |
| vii. | Diastolic BP (MM) | |
| viii. | Pulse/Heart Rate (BPM) | |
| ix. | Respiratory Rate | |
| x. | SPO2 (%) | |
| xi. | Temperature (°F) | |
| xii. | Orientation | <p>Oriented</p> <p>Disoriented</p> |
| xiii. | Description of Pupil | <p>Equal in Size - Normal Reaction</p> <p>Not-Equal</p> <p>Constricted</p> <p>Dilated and Fixed</p> |
| xiv. | Physical Examination | <p>Open or Closed suspected Skull Fracture</p> <p>Chest Injury including Pneumothorax</p> <p>Not recorded / Inadequately described</p> <p>Suspected Pelvic Injury</p> <p>Spinal Injury</p> <p>Crush Injury including Degloving</p> <p>Pre-hospital data unavailable</p> <p>Amputation proximal to wrist and make</p> <p>Penetrating to Head, Neck, Torso</p> |

| | | |
|--------|----------------------------------|---|
| v. | Treatment | Surgical Management Conservative Management |
| xvi. | Opinion Obtained | Cardiac Opinion ENT Opinion Gastro General Physician General Surgeon Internal Medicine Neurosurgeon Ophthalmology Ortho |
| xvii. | X Rays Done | Head/Skull Cervical Spine Thoracic spine Lumbar spine Chest Abdomen/pelvis Kidney, Ureter & Bladder Upper Limb Lower Limb X Ray Not done X Ray Not Needed Not recorded or Inadequately described |
| xviii. | CT Scan | Head/Skull Spine Chest Abdomen/pelvis Other CT Scan Not done CT Scan Not Needed Not recorded or Inadequately described Doppler ultrasound Fast extended focused Ultra Scan |
| xix. | Emergency Department Disposition | Discharged Home Left against medical advice Ward Transferred to another hospital Operation theatre |

| | | |
|-------|---|--|
| | | Intensive care unit Died in Emergency Disposition Brought Dead |
| 52. | History as stated by the Injured | Procurator Lymnes |
| 53. | Details of Injuries | |
| 54. | Discharge Summary | |
| i. | Name of the doctor | Dr M. Roy |
| ii. | Doctor Regn No. | |
| iii. | Condition at admission | |
| iv. | Results of clinical investigation if any | |
| v. | Injuries diagnosed other than those noted in the Wound Certificate, if any | |
| vi. | Details of treatment given, including those of surgical and other procedures if any | |
| vii. | Condition at discharge | |
| viii. | Advice given at the time of discharge regarding further treatment if necessary | |
| ix. | Remarks if any | |
| 55. | Drunkenness Certificate | |
| i. | Whether under arrest or not | Yes <input checked="" type="checkbox"/> No |
| ii. | Consent | |
| iii. | Date & time of examination | |
| iv. | History | |
| v. | Smell of alcohol in breath | Present <input checked="" type="checkbox"/> Absent |
| vi. | Speech | <input checked="" type="checkbox"/> Normal Thick and slurred Incoherent |
| vii. | Clothing | <input checked="" type="checkbox"/> Decently Dressed Disordered Soiled Torn |
| viii. | General Disposition | Calm Talkative Abusive Aggressive |
| ix. | Self Control | Normal <input type="checkbox"/> Impaired <input type="checkbox"/> |
| x. | Memory | Normal <input type="checkbox"/> Impaired <input type="checkbox"/> |
| xi. | Orientation of time & space | Normal <input type="checkbox"/> Impaired <input type="checkbox"/> |
| xii. | Reaction time | Normal <input type="checkbox"/> Delayed <input type="checkbox"/> |
| xiii. | Gait | Normal <input type="checkbox"/> |

| | | |
|------------|---|-------------------------------------|
| | | Unsteady Unable to stand upright |
| xiv. | Finger nose test | Positive Negative |
| xv. | Romberg's sign | Positive Negative |
| xvi. | Special examination (Blood & urine) | Preserved Not Preserved |
| xvii. | Reflexes | Normal Exaggerated Sluggish |
| xviii. | Any other findings / Injuries on the body | |
| 56. | Postmortem Certificate | |
| i. | Alleged cause of death as per inquest | |
| ii. | Assisted by | |
| iii. | Medical Officer | |
| iv. | Remarks if any | |

Documents to be submitted

In Death Cases:

1. Death certificate
2. Proof of age of the deceased which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the deceased which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for last three years (d) Balance Sheet, etc.
4. Proof of the legal representatives of the deceased such as ration card, passport, etc.
5. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children.
6. Treatment record, medical bills and other expenditure prior to death
7. Bank Account no. of the legal representatives of the deceased near the place of their residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Medclaim policy, if taken
9. Any other document

In Injury Cases:

1. Multi angle photographs of the injured
2. Proof of age of the injured which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the injured which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.

6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children
7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
9. Any other document

Other documents to be submitted

1. X Ray
2. CT Scan
3. ECG
4. Other documents

Verification:

Verified at Peddy on this 11 day of 09/12/20 that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

| Name and signature of the injured/legal representative of deceased | | | |
|--|-------------|-----------|------------|
| S. No. | Name | Signature | Photograph |
| 1. | Dusan Bamey | Breedemay | N/A |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |