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

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)

24 23
070929
( ) Q79 328 304A 1427 1PC
Ledong (PS)
1 11
0 7 09 29

2.	Time of Accident	A 08150 HM
3.	Place of Accident	disk Road Marring teter un for a congle
4.	Source of Information	Driver/Owner
4 = 7		Victim Witness
	7///	Hospital
		Good Samaritan
		Police
		Others (Specify)
	Name, mobile number & a	1/61
		1 (1) such tomong
	Name	779759521
	Mobile No.	Moning Busty
	Address	
5.	Nature of Accident	Injury 1
	,	Fatal
	9.	Damage/loss of property
		Any other loss/injury
	Number of Vehicle	s Q ((100)
	involved  Whether Registratio	n Yes No
	Whether Registratio Number of the Offendin	
	Vehicle known	No
	Whether offending Vehicle	Yes
	impounded by the police	A No
	Whether the driver of the	ne res
	offending vehicle found of	on
	the spot	
	Number of Fatalities	Ol (one)
	Number of Injured	01 (01)
6.	Details of the Hospital wh	ere victim(s) taken
	Hospital Name	Kolimpong Quetract Olimpites
		No.
	Address	401
	Doctor's Name	Not Rand
7.	Availability of CCT	v Yes No
	Footage	
	If yes, CCTV Footage be preserved and be filed with	h
	DAD	
	DAN The Companie   Drive	er(s) and Insurance of the Vehicle(s)
3.		Vehicle 1 (Offending vehicle)   Vehicle 2
	Details	Venicle I (Offending venicle)
	7 1 1 1 D-4-9a	
	Vehicle Details	110 70 6 06 7 1 10 19 479
ŀ	Vehicle Registration No.	NB 73. F - 2508 NB 79479  Bhimdon Sunso
- 1		1\$ himesia
1	Driver Details	10-10-10-10-10-10-10-10-10-10-10-10-10-1
ļ.	Name of the Driver	Kon Subbe S o Koper Sibbo
.		al Noya Bozaca BIKKIN W
A	Address of Driver	of Noyo Bozoca BIKKIN
k	Mobile No. of Driver	97 949 04730. (Anil tomen)
I <sup>N</sup>	TOURS ING. OF DITYER	17,11,091,00
	wner Details	0 - 1
		Dongay to Goyal Phimad Charact
N	ame of the Owner	Songay was joyal Phimas bhasant
Ā	ddress of Owner	Proposit Dogos Serok Todor
	lobile No. of Owner	11 a g 32.384_{ 2.4 (1) 160a
M	obile No. of Owner	1 9832384121 Petong

_	Insurance Policy No.				111
	Period of Insurance Policy		36100	150 60 75	24 (
	Name of Insurance	right all	horazolh	ro Mohiotol	19 h B cc 2020
	Address of Insuran Company		. 20.0	Compen	
	Details of Victim(s)				
9.	Name	Deceased /Injured	Address	& Contact Details	
i.	1	Than Bhoden	Morror	9 Bush	
ii.		Gronge Tomen	CDecessed		
iii.	d	Inil Tomang	Upper 1	deong Massia	1
iv.		Onjured)	1,	•	•
ν.				-	
vi.	D 17	Villa de la companya			
	Other Accident Details		of on 7	09 29 d 13/2	Ma .
i.	Reporting Date & Time		- 1	ming total	under lockong
ii.	Landmark	and Ke	od Ma	wild fotos	DQ .
iii.	Severity	Fatal Grievous Injury			10
		¥			
		Simple Injury	la.		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hospitalized Simp			
			anzeu		
	Count of	No Injury Injured		Death	
iv.				0 -	
	Drivers	61			1
	Passengers			01	$\dashv$
	Pedestrians				$\dashv$
	Animal				$\dashv$
v.	Collision Type	Vehicle to Vehic			
		Vehicle to Pedest		y	
		Vehicle to Bicyc	le		
		Vehicle to Tricy	cle		The second second
		Vehicle to Anim	al Driven Cart		
		Vehicle to Anim	al		1 ( )
		Skidding			
	a ut to Nation	Head on Collision	on		
vi.	Collision Nature	Hit Parked Vehi			30
		he in the same in the same of	icic		
		Hit tree			
		Hit Fixed/Statio			
		Hit from Back			
		Hit from Side			
			Road		
		Overturn			
		Skidding /Ove	rturn		
		Sideswipe			
		Bar - 1	n Gorge/Ditch/\	Well	
				1 1	
		Vehicle Fell in	n Kiver		

vii.	Initial Observation of acciden	
	scene	Long Distance Covered/Driver Restless
		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
		Sunny / Clear
viii.	Weather Condition	
		Cloudy
		Light Rain
		Heavy Rain
		Flooding of Causeway / Rivulets
		Hail/ Sleet
		Snow
		Smoke/ Dust
		Strong WindCold
		Hot
ix.	Light Condition	Day
		Twilight
		Darkness with street lights on
		4.1. I I MARKET TO 14 - 4.0 I MARKET TO 17 OF 18 MARKET TO 18 OF 18
		Darkness with poor street light
		Darkness-No street light
x.	Accident Spot	Residential Zone
-		Market Zone

		Institutional Zone	
	N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Open Commercial	
		ZoneSchool Zone	
		College Zone	
		Other Educational Institutional Zone (Specify)	
		Govt. Institutional Zone	
		Hospital Zone	
		Industrial Zone	
		Harbour Zone	
xi.	Visibility	Less than 25 Meters	1
		25 Meters	
		50 Meters	1
		75 Meters	
		100 Meters and Above	
xii.	Load Condition (1)	Excess Passengers	
		Normally Loaded	
		<b>Empty</b>	
		Not Known	$\perp$
xiii.	Load Condition (2)	Excess Goods	1
		Goods Overheight	
		Goods Rear Overhanging	
		Goods Side Overhanging	
		Normally Loaded	
		Empty	
		Not Known	
xiv.	Road Classification	Expressway	
		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	
		Panchayat	

S of your sign

Phone No. : 8 9 ( 34 23 9)

P.S. : Jedong P

Date : 08 0 9 25

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 279/338/304(A)/407 IPC.

Ref- Pedong PS Case No-24/23 Dated 07/09/2023 U/S

3. Date, time and place of the accident

On dated 07/09/23 at5 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/0 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 Geyzing West Sikkim.

: Ravi Subba S/O Rajen Subba of Sisney Naya Bazaar Soreng

(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 : T.

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 WB73F2508

(a) Registration No.

ISB5.9B4S180T191J6380844.

(b) Engine number of Motor number in The case of Battery Operated Vehicle: :

MAT526036K2J11693

(c)Chasis No.
Route permit particulars

12.

N/A

13. Action taken, if any and the result... Case is pending for further investigation ......there of

	13 11 23 13	
	Kelimpong redong 2003 34123 ar no and	160
		3
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7 10	The state of the s	
	P. B. Padong Diat. Kalimpong	
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1 (2)	CY/asa Lupenh Tamong	
	Kasi Tarnang @ Dhan Bahesdun Gunung	
	the barresan Johnson	
1 100	William Indian	
	A See of level and the second issue	
41	Presently posted at Padong P.P.	
(g)	Address Maining Beither under California	
Dot	Address Maining Beisty under Sakyong G.P. P.B. Padong Gal. Kalingo ails of known/suspected/unknown accused with full particular	in
Deta	Discours Discours Discours	
(Att	ach separate sheet, if necessary):	
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Particle Par	ons for delay in reporting by the Complainant / Information  culars of properties stolen / involved (Attach separate sheet, if necessary):  value of properties stolen / involved  st Report / U.D. Case No., if any Kalimpona P. L. Y.D. conc. Do. Sal 23 dl. 67, 69, 2023  ontents (Attach separate sheets, if required): The outginal court from complaint wolven  taken: Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took up the  gation / directed. 21, Salyann Legangho H. Padona P. S. to take up  gation / refused investigation / transferred to P.S	
Particle Par	ons for delay in reporting by the Complainant / Information  culars of properties stolen / involved (Attach separate sheet, if necessary):  value of properties stolen / involved  st Report / U.D. Case No., if any Kalimpong P.L. U.D. cope No. 53/23 dl. 67.09.2023  ontents (Attach separate sheets, if required): The original could be a complaint with the latent Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took up the gation / directed. 93. Solvy on Lagragha A. Perdong P.L. to take up gation / refused investigation / transferred to P.S.  on point of tion. FIR read over to the Complaint/ Informant, admitted to be correctly recorded and a copy given to the Complainant / antifree of cost.	
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Particle Par	ons for delay in reporting by the Complainant / Information  rulars of properties stolen / involved (Attach separate sheet, if necessary):  value of properties stolen / involved	

15. Date & Time of despatch to the

संवामा

थाना इनयाँन पढ़ाडुः पुरिस् थाना विकार - कार्तिमांड

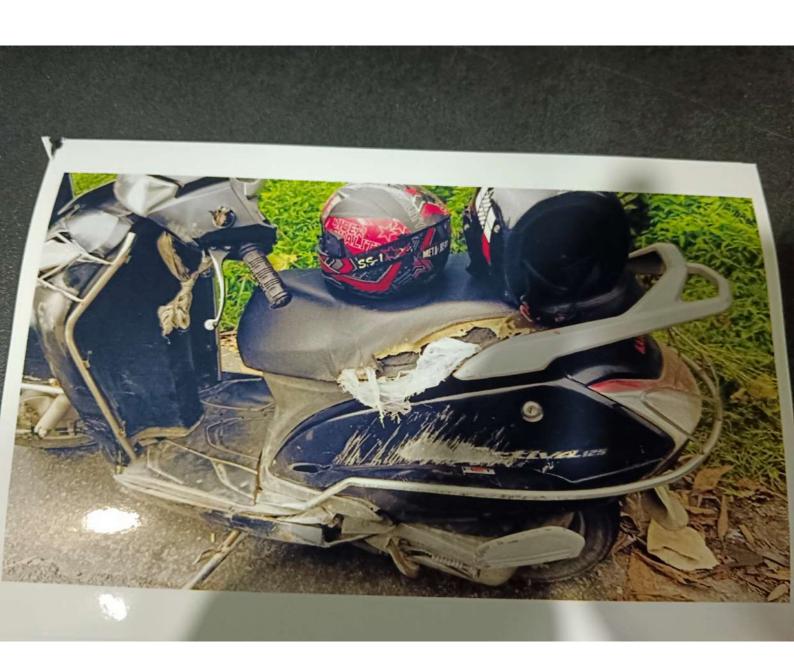
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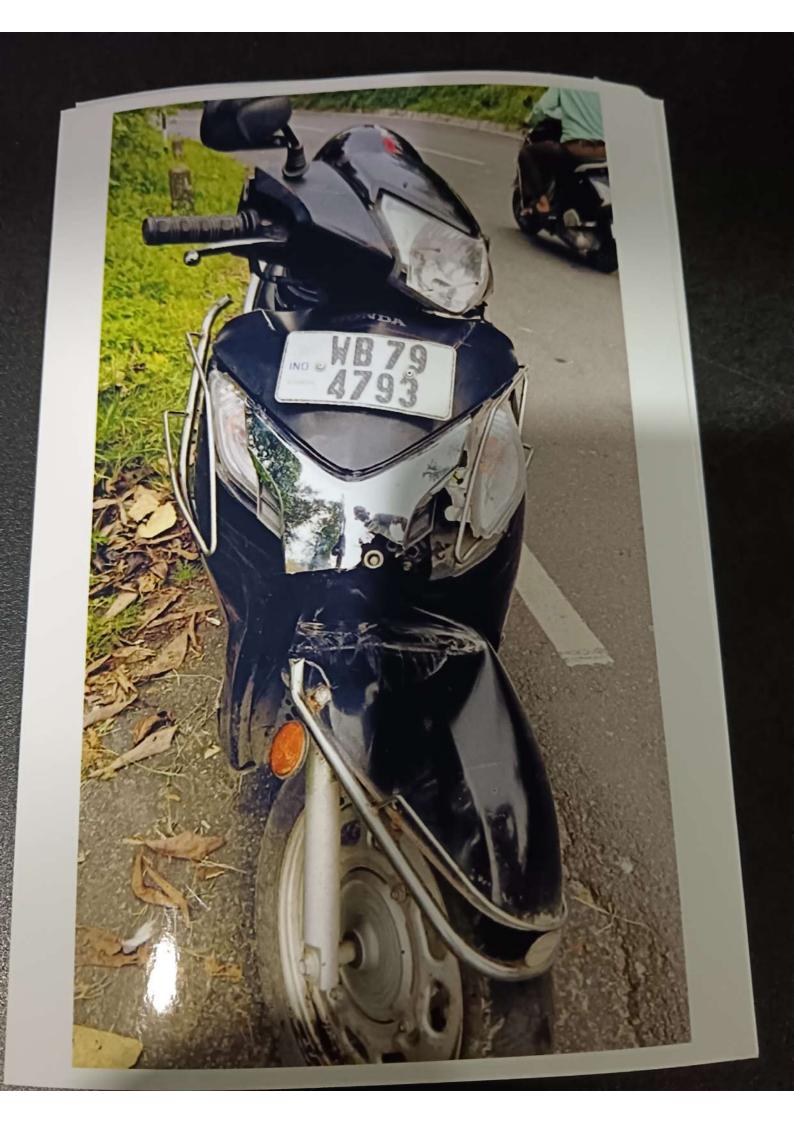
म हत्वुर्वाह या जामकापी cv/954 Rupesh Damang Man Antal alles 345 मामा प्राथित गुन्त विश्वः । कार्षि नामाडः व्यस्ती सामाडः व रविष्य स्ट्रांस मा व्यापी में कड़ की रेंग है। त्यहरं चुठ्ठा भारत करते हिंदू में का कार्या कर की उन् ( रामकादूर गुमा के मार्ग कार्म प्रमाह व्यक्ष मुनार पहा में En 2121 31141 316 791 Seotly 26. 6679 14793 Porty र्मित गर्मी परणी धावना दुन्ना कारण ट्यम हैराएर कर्त लाप भारती परणी धावना दुन्ना केरिए हो र ट्यम र्माया केरिए भारत कार्यान कार्यान गर्मित गर्मित कार्यान किया कार्य कार्यान कार्यान कार्यान कार्यान कीर्न परिवासकार जानम हिम

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## FORM-III

## DRIVER' FORM

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

FIR No.	Copy to Victim(s) and Insurance Company
Date	24/23
Under Section	070923
Police Station	019 33 × 304 A 427 178
1. Driver Details	Jecong P. S Kalimpon
Name	
Father's Name	Koni Subbe
Mobile No.	4 17 6 64
1.00	18 haven 5000
Address	9734904730
Age/Date of Birth	Noya Bazar Jr do West 516
Gender	Male Female
<b>Educational Qualifications</b>	Other
*	Primary
*	Senior Secondary Certificate
	Higher Secondary Certificate  Graduate
	Postgraduate  Doctorate
	Uneducated
Occupation	Private Service
	Government Job
	Professional
2. 31	Agriculture
	Self-Employed
100	Others
Monthly Income	Rs.
Driving Licence	Permanent
	Learner's
	Juvenile
	Without License
	Others (Specify)
Driving Licence No.	
Period of Validity of Licence	3K 042012 000 2016
Licensing Authority	5010000 01033

1	Vehicle Registration No.	1 60 78 F-2507
2.	Vehicle Type	Ance.
13.	Owner Details	261400
	Name	Dayay & Gual
	Mobile No.	1 1390
	Address	9832357 208
14.	Insurance Details	of Jockash Nagar Ps Brokmag
	Policy No.	
	Period of Policy	01624609930100
		10 10 29
	Name of Insurance Company	Tota Ala governot la surace
15.	Other details	lote the general hourses
i.	Nationality of Driver	Indian
		Foreigner
ii.	Occupation of Driver	Advocate
		Business
		Clerk
	a a	Doctor
		Driver
		Engineer
		Farmer
		House Keeper
		Labourer
		Police Officer
		Politician  Poticul Off
		Retired Officer
		Student
		Unemployed
		Vendor/ Small Business Owner
		Worker
i. I	njury Type	Other
1	njury Type	Back Injury
		Buttocks Injury
		Chest Injury
		Face
		Hand
		Head
	* X	Hip
		Knee

		Leg
		Neck
		Not Applicable
		Shoulders Injury
		Abdominal
iv.	Cell Phone Driving?	Yes No Not Known
V.	Severity	Fatal
		Grievous Injury
		Simple Injury Hospitalized
	f:	Simple Injury Non Hospitalized
		No Injury
vi.	Seatbelt/ Helmet	Yes No Not Known
vii.	Drunk Driving	Yes No Not Known
iii.	Mode of Transport	· · · · · · · · · · · · · · · · · · ·
	Timisport	108 Ambulance
		Not Hospitalized
		By Self
	,,,	Private Ambulance
	¥	Private Vehicle
Х.	Hospitalization delay .	<30 Minutes
		>30 Minutes <1 Hour
		>1 Hour > 2 Hours
		> 2 Hours
		Not Hospitalized
ζ.	Driving License Type	Known
		Unknown
		Without License
		LLR
		Not Applicable
		Juvenile

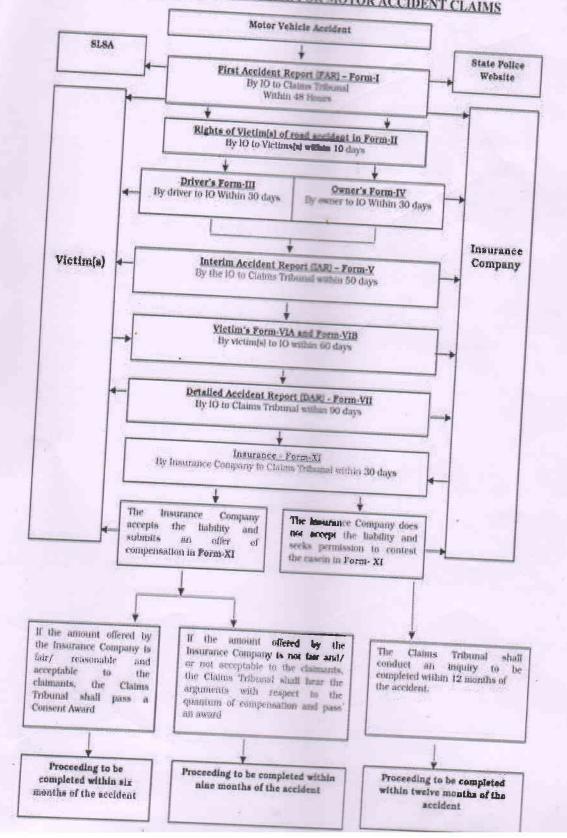
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Verified at Ve dun	WAS STREET		day of	14/10/20	_that the contents of the ab	ovo Form
are true to my knowled	ge and the docum	ents attache	d are true co	pies of their ori	iginals.	ove Form

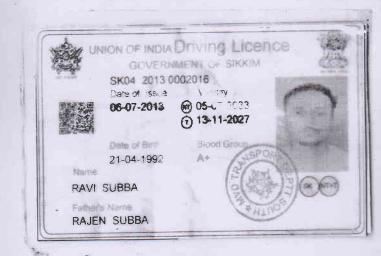
## **Documents to be attached:**

- 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











Certificate Of Insurance and Policy Scherule Form 52 of the Central Motor Vehicle Rules, 1989 Producer Name: RAJU BISWAS

License Code: 24101608; Agent/Braker Contacts No.: 7908205645

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

HPA / Hyp / Lease to:

HDFC BANK LT

Arithmess: Premium (Incl. of all tax/cess) | 43697 Insured Business/Profession: OTHER

Geographical Area: India EVUKE ROAD, DARJILING, Registration Authority: Siliguri WB-73

AIRPIN - " ST BENGAL

mbli: Carrier Gross Vehicle distration Cubic Make & Model **Body Type** Mfg Year Private Engine N Weight Capacity/KW Carrier TATA LPT 1918 Goods WB 73 ± = TRUCK 2019 18500 TRUCK - DIESEL Carrying 9B4S180T191J63808- 18 MATS 16036K2

Vehicle IDV of non-built-in Accessories(1) IDV of Vebi. IDV of Externally Register seating Bi-Fuel/CNG/LPG DV of Trailer(') Insu () Built Body Type ( capacity including Kit(t) Electrical Non-Electrical Decla 7) driver Value 1,662,500 0.00 0.00 0.00 0.00 0.00 1.662.5

	SCHEDULE OF PREMIUM	
A. OWN DAMAGE	B, LIAI	SILITY
Premium on the mand non electrical accessories	1 4,567.46 Basic	135,3
Cover foi ian a studios (IMT 23)	685.12 Add: Legal Liability to paid driver as p	(THATE DO)
Less . 35 % fix A	1,838.40	er (IM1 28)
A. TOTAL : A LE PREMIUM	3,414.18 Net Basic Liability Premium(B)	1353
C. TOTAL AD THE MIUM	0.00 GST on Basic Liability Premium	₹ 35,3
Net Own Date of Personage (A+C)	3,414.18 UGST/SGST @6 %	
GST on Over 1 Section 1	CGST @6 %	₹ 2,1
UGST/SGST	307.00	2,1
CGST (8)5	307 00 Net Other Liability Premium(D)	
	IGST on Other Liability Cover	H
	UGST/SGST @9 %	
	CGST @9 %	
	COMPREHENSIVE PREMIUM(A+B+C+	38,0
	Total GST Amount	4,87
	TOTAL PREMIUM(Including GST)	43,69

the or classes of persons entitled to drive: Any person including the insured. Provided that a person driving holds an effective driving he are the first control of the first co suggestions holding or obtaining such a license. Provided also that the person holding an effective Learner's License may the second venice the accident. 1989. The Control of Rule 3 of the Central Motor Vehicles Rules, 1989. at Such o

amitations ! 15 at the policy covers use only under a permit within the meaning of the motor Vehicles Act 1988 or such a carriage failing under the section 300 and 100 are the section 300 are the sec 66 of the Motor Att. 1988 The Policy rio

1. Use while

a maker except the towing(other than for reward) of any one disabled mechanically propelled vehicle. 2. Use for correct

assungers in the vehicles: except employees(other than the driver) not exceeding the number permit ad in the registration document and coming under purview of Week ens Compensation Act 1923.

Use for a) Crash field 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 members had the Gross Vehicle weight members had the Gross Vehicle weight members had the Gross Vehicle weight members. policy.

Limits of Liab Under Section II-1 (i) of policy (Death of or bodily injury). Such amount as is I/we hereby certify that the Policy to which this Certificate relati necessary to hi and ements of the Motor Vehicles Act, 1988. Under Section

(ii) of policy (Third Party Property Damage): 1750,000.00 Under Section 11 16 Owner Driver Capital Sum Insured:0/- based on Insured's declaration that he/she

has other Mar. iff (S) > 8 = 15 Lac CPA Cover.

alumber Depreciation Reimbursement Cover: NA This policy L.

pre-existing damages as per Inspection photographs and Report

Deductible Unco - Section - 1: -1,500.00 - (Compulsory Deductible: 1,500.00, Voluntary Deductible: 0.00, Impresent to the 0.00) Franchisee: +0.00

No Claim Book is a red is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if the pending during the preceding year(s), as follows: The preceding year - 20%, preceding two The years - 25%, preceding three consecutive years - 35%, preceding four Authorized Signatory consecutive ve a, predicting five consecutive years - 50% of NCB on OD Premium. NCB will only be allowed provid remained within 90 days of the expiry date of the previous policy.

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

well as this Cortificate of Insurance are is and in accordance provisions of Chapter It and Its of Hotor Vereces Act. 1988. In witness whereof this Policy has been signed at SILIGUE

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. 回於此处理回





de 1:

## FORM-IV

## OWNER'S/ INSURED'S FORM

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

FIR No.	Q4 23
Date	03/9/2
Under Section	217 83x 1304 A 2231PC
Police Station	Pedong No

Vehicle Details	
Registration No.	bB 737 2508
Colour	While and Blue
Make	Nille
Model	1 /12
Year of Manufacture	,
Chassis No.	1100 1000
Engine No.	15B5.9B45180A91
Registering Authority Name	Sayay to Goyal
Vehicle Type	Motorised 2-wheeler
	Auto
	Car/Jeep/Taxi
	Cycle
	Rickshaw
	Bicycle ,
	Hand Drawn Cart
	Tempo/Tractor
	Bus
	Truck/Lorry
	Animal Drawn Cart
	Heavy Articulated Vehicle/ Trolley
	Not Known
7.1.1. XX. m	Other (Specify)
ehicle Use Type	Private Vehicle
	Commercial Vehicle
	Goods & Carriage
4	Garbage Truck
	Taxi/Hired Vehicle

	Public Service Vehicle
	Educational Institute Bus
2. Owner Details	Others (Specify)
Name	( Pooly)
In case of a	
In case of a company, give name of personance in terms of section 199 of the Motor V.	on in Daylay & Guyan
Father's Name	
Mobile No.	Noh Mol Guyal
Address	98 323 5 1201
Occupation	
3. Driver Details	Busmer Man
Name	S121120 14161
Father's Name	Ray Subbe.
Mobile No.	
Address	20 Mayler Subbe
	9184904130
Driving Licence No.	Mayoracean Ps do butspecon
Period of Validity	5/c 042017 00020L/
Licensing Authority	05 64 33
4. Insurance Details	31'KKIN P.10
Policy No.	
Period of Policy	016246099 90100
Name of Insurance Company	10/10/29
Address of Insurance Company	W. A. A.
Details of previous Insurance Policy	Lo Peneral asuero Con
Whether the vehicle providence	
Whether the vehicle previously involved in any MACT case?	
If yes, give details of FIR and MACT case.	
In case of commercial vehicle	
Permit details	
Fitness details	
Whether the owner reported the accident to the	
Insurance Company	Yes No
	140
Other details	
Load Category	
age of vehicle	Passengers Goods

iii.	Vehicle Description	Transport Vehicle
iv.	Pollution under Control Certificate Validity	Non-transport Vehicle
v.	Tax Details	06 15 23
vi.	Seat Capacity	
vii.	Insurance Company	

Verified at recomments attached are true copies of their criginals.

## Documents to be attached:

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

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



2. Name Of The Permit Holder

3. Father's/Husband's Name

4. Address

5.(i) Registration Mark of the Vehicle

(ii) Registration Date

(iii) Make/Model

(iv) Chassis Number

(v) Engine Number

(vi) Class of Vehicle

(vii) Number of Persons to be carried

(viii) Manuf. year of the motor vehicle

(x) Name of Financier, if any, with whom the

Vehicle is under Hire Purchase aggrement

WB/73/GP/HGP/2019/413

SANJAY KUMAR GOYAL

NATH MAL GOYAL

PRAKASH NAGAR SEVOKE ROAD, West

Bengal Darjiling-734001

WB73F2508

05-Nov-2019

TATA MOTORS LTD/TATA LPT 1918 CRE BS IV

MAT526036K2J11693

ISB5.9B4S180T191J63808448

Goods Carrier

2

2019

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

(ii) Unladen Weight

(iii) Pay Load

9. Nature of Goods to be carried

10. Conditions of Permit

From: 08-Nov-2019 To: 07-Nov-2024

18500

4590

13910

UNRESTRICTED GENERAL GOODS ONLY

Attached

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

Date 08-Nov-2019



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



2. Name Of The Permit Holder

3. Father's/Husband's Name

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5.(i) Registration Mark of the Vehicle

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Vehicle is under Hire Purchase aggrement WB/73/GP/HGP/2019/413

SANJAY KUMAR GOYAL

NATH MAL GOYAL

PRAKASH NAGAR SEVOKE ROAD, West

Bengal Darjiling-734001

WB73F2508

05-Nov-2019

TATA MOTORS LTD/TATA LPT 1918 CRE BS IV

MAT526036K2J11693

ISB5.9B4S180T191J63808448

Goods Carrier

2 1

2019

HDFC BANK LTD

From: 08-Nov-2019

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

(II) Unladen Weight

(iii) Pay Load

9. Nature of Goods to be carried

10. Conditions of Permit

185

4590

13910

UNRESTRICTED GENERAL GOODS ONLY

Atlached

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

To: 07-Nov-2024

Date 08-Nov-2019



### **GOVERNMENT OF WEST BENGAL**



[See Rule 62(1)]

#### **CERTIFICATE OF FITNESS**

(Applicable in the case of transport vehicles only)



Registration No

Inspection Fee Receipt No

:WB73F2508

Application No.

: WB21110317383906 : 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

Certificate will expire on

: 02-Nov-2023

Inspected on

: 03-Nov-2021

Next Inspection Due Date : 04-Sep-2023

Printed on

: 16-Nov-2021 17:01:04

Inspected by (BIKASH BAGHWAR)

Signature of Inspecting Authority

SILIGURI ARTO

#### **GOVERNMENT OF WEST BENGAL**

# State Transport Department Siliguri ARTO FORM 23

#### CERTIFICATE OF REGISTRATION



: 05-Nov-2019

:DUP

Registration No : WB73F2508 Registration Date

Description of Vehicle : GOODS CARRIER Purpose For Printing RC

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** 

Dealer's Name & Address

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. As Regd.

 Description
 Weight(in kgs)

 a) Front:
 295/90 R20=2
 7000

b) Rear: 295/90 R20=2 11500 c) Other: 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.

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

Tax Exempted or Not : NOT EXEMPTE
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

Signature of Registering Authority

Date: 01-4p: 202:

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

d) Tandem:

Taxation Particulars / Advance Registration Mark Fee Details



# TRANSPORT DEPARTMENT MOTOR VEHICLE DIVISION GOVERNMENT OF SIKKIM GANGTOK

SI. No. 297

No. 161 /MV/T



Dated 18 0 1903

SECRETARY
STATE TRANSPORT DEPARTMENT
GANGTOK, EAST SIKKIM

## **COUNTERSIGNATURE PERMIT**

REF. RECOMMENDATION NO. 166 GCP/RC/2013	DATED 08.12.2014
COUNTERSIGNATURE IS HEREBY GRANTED TO GOODS CARRIER VEH Me. Sanjay Kewas Gogef, Solgner  8 STATE HIGHWAY OF SIKKIM AS PER NEW RECIPROCAL TRANSPORT	TO PLY ON ALL NATIONAL HIGHWAY
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	DAS RECORDED IN THE REGISTRATION
CERTIFICATE	
THE CARRIAGE SHOULD BE STRICTLY DONE UNDER SNT SUPERVISIO	NONLY.
THE PERMITIS VALID FROM Of of 2023 6 21.18 2	22
BANKRECEIPT NO. 22281 - 17053 - 6/38 DATED 13/4/20	25
2. 3nof	The
	CEL.DE IVDA

[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

TIN

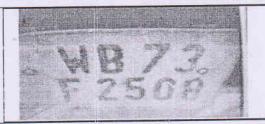
Rs.100.00

(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
	Carbon Monoxide (CO)	percentage (%)		
Idling Emissions	Hydrocarbon, (THC/HC)	ppm		
8	СО	percentage (%)		
High idling emissions	RPM	RPM	$2500 \pm 200$	
Cimosions	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://pub 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	WB73F2503
Chasis No	MAT526036K2JXXXXX	Bank Reference Number	4667613158225
GRN No	0732211044007398		Water the state of
transaction identification number	0732211044007398		

Particular	Period	Amount(In	Rebate+/Ex	Penal y in Rs)	Surcharge(	Amount	Amount2	Total(In Rs
Service/Use		20.0	(0.01 5.15)	0 <sup>2</sup> / <sub>2</sub>	00	0.0	0.0	20
Transaction		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 <b>-2023</b>	1135.0	00//	0,7 17 6	00	0.0	0.0	1136
Total			A V v v v			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/yahanservice

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



e use enversement No.(TA): 06



Costs & V. Julia (1974-1976) (1975-1976) (		Producer N	ame: RAJU B	ISWAS	INSURANCE						
Indeed in June 1998. Prom 00:00 HR off 11/10/2022 Date of Expiry To mininger of 11/10/2023 Pressured No. 1999. Promiting float of all subjects of 14/10/2023 Pressured Subjects of 14/10/2023 Pressured Businesy/Profession. OTHER Geographical Area: India State	wite-	ver License Co	de: 24101608;			vsNo.: 790	)8205645				
Promise (Inc.) of all backets   4,907	nod of this	From E.	m 00:00 Hrs on 11/10,				Auto Secure - To midnight o	Commercial f 10/10/202	l Vehicle Packa 23	ge Policy	
Insured Business/Prefessions   OTHER			•			Premium					-
PRACES   10   PROPERTY   Provided   Provid		The second secon									-
SELECTION   CARPECING   Selection   Sele		and the second s	II INC					Ind	lia		
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Process of the Model State core S						HPA / Hy	p / Lease to:	HDI	FC BANK LTD		
Registrate Make & Model Body Type Mfg Year Gross Vehicle Capacity/RVV Practice Income											
Registration Will January 1 1918 Registration Regi	The state of the s	THE STREET, THE									
Registration Marke 4 Model Body Type Mfg Year Gross Vehicle Weight Capacity/KW Private Engine No. (Cooks Private Capacity/KW P		: INCREAL									
WB 31 Trainer 71 1918 TRUCK 2019 18500 Goods Carrying (1) 10V of trainer (1) 10V of train											
Will be a company to the company of	0				Canas Valida	6.11.	Publi Carrie	4	w.c <del></del>	Tomas	
TOV of Vehicle (1)  IDV of	Registration	Make & Model	Body Type	Mfg Year		Cubic	Private		gice No	20	assi
TOV of Vehicle  TOV of Frailer( ) Bi-Fuel/CNG/LPG	WE ST	Tala PT 1918		100				† ·		<u> </u>	
IDV of Vehicle    September   Description	116 1	TRUCK - DIESEL	TRUCK	2019	18500			9B4S180T	T191J63808∹48	MATSE	036
(1) Live of Frailer() Kir(1) Electrical Non-Electrical Built Body Type (capacity in drive as per companies to the following of the companies o	2200		1	IDV o	f non-built-in Ac	cessories(s)		<u> </u>			
A. OWN DAMAGE  A. OWN		IOV of Trailer( )	Bi-Fuel/CNG/LPG		THOU DUTTE MI AC	cessories(;)	IDV ef	Externally	Registered	seating	7
A. OWN DAMAGE  B. LIABILITY  1 4,567.46 Basic  1 4,567.46 Basic  1 685.12 Add : Legal Liability to paid driver as per (IMT 28)  1 1,838.40  1 1,838	(-)	( )	Kit(₹)	Electri	ical	Non-Electrica		ody Type (	capacity in	duding	In De
A. OWN DAMAGE  SCHEDULE OF PREMIUM  A. OWN DAMAGE  B. LIABILITY  4,567.46 Basic 665.12 Add 1.Egal Liability to paid driver as per (IMT 28) 1,838.40	1.662.50/	7 0.00	0.00				±)	1)	drive	r	Val
A. OWN DAMAGE  Cover for any section of secsories  1 4,567,46 Basic 6 685,12 Add 1: Legal Liability to paid driver as per (IMT 28) 1,838,40   1,701A str.			100000	0.00	0	0.00		0.00	2		1,66
Trivers Clause  Trivers Clause  The Bodic for the manifest of the State of the Central Motor Vehicles Rules, 1989  To the Manifest of the Motor Vehicles recept employees (other than the driver) not exceeding the number permit od in the significant of the Motor Vehicles across the Weight of the vehicle exceeds the Gross Vehicle except in the vehicles: except employees (other than the driver) not exceeding the number permit of the vehicles: except employees (other than the driver) not exceeding the number permit of in the significant of the Vehicles: Carrying Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle except of the Motor Vehicles across the Gross Vehicle except of the Motor Vehicles: The Jackson of the Vehicles: Carrying Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle except of the Motor Vehicles across the Gross Vehicle except of the Motor Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle except of the Motor Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle except of the Motor Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle exceeds the Gross Vehicle except of the Motor Vehicles and the Motor Vehicles: Warranted that at no time the Gross Laden Weight of the vehicle exceeds the Gross Vehicle except of the Motor Vehicles and the Mot					SCHEDULE OF PREMIU	ч					
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1,838.40 1,8			ussories	7	4,567.46 Basic					-	- 30
1,838.40  1,1638.40  1,414.18  1,414		e Sine, (NA) 23)		₹	685.12 Add : Led	al Liability to pa	aid driver as pe	r (IMT 28)			* *
TOTAL of the Basic Lability Premium (B)  1.0.00 (SST on Basic Lability Premium (B)  1.3.414.18 (UCST/SSST @6 % (CST @6 %)  1.0.5T to Other Lability Cover (UST/SSST @6 % (CST @6 %)  1.0.5T to Other Lability Cover (UST/SSST @9 % (CST @6 %)  1.0.00 (SST on Other Lability Premium (D)  1.0.00 (SST on Other Lability Cover (UST/SSST @6 %)  1.0.00 (SST on Other Lability Premium (Other Individual Individua						,		. (1.11 20)			
## COMPANY OF THE PRINCE CONTROL OF THE PRIN		Word PREMIUM		₹ 3	3,414.18 Net Basi	c Liability Pre	mium(R)				120
(GST de % CGST de % CGST de 6 % CGST de 9	TOTAL AL	SEMPRE		₹	0.00 GST on B	asic Liability Pre	mium				1 35
CGST @6 %  307.00  Net Other Liability Premium(D)  GST on Other Liability Cover  UGST/SGST @9 %  CCGST @9 %  CCGST @9 %  CCMPREHENSIVE PREMIUM(A+B+C+D)  Total GST Amount    TOTAL PREMIUM(Including GST)    Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   TOTAL PREMIUM(Including GST)   Total GST Amount   Total GST Amount		memmin(A+C)		4.3	3.414.18 UGST/S	GST 66 %					
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The existing danlages as per Inspection photographs and Report  ductible United Section + 1: 1,500.00 - (Compulsory Deductible : 1,500.00, Voluntary Deductible: 0.00, Imprisor 10: 0.00) Franchisee: 0.00  Claim Bow Indian ground the preceding year(s), as follows. The preceding year 20%, preceding three consecutive years - 35%, preceding four Authorized Signatory  week ground five consecutive years - 50% of NCB on OD Premium. NCB will only be seed within 90 days of the expiry date of the previous policy.		na breder Depreciatio	n Reimbursement Cov	er : NA		Consolid	lated Stamp Di	rty has been	paid to the St	ate Exche	eque
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7		OBTISEMENT No.: 67	.21.23.28.40	oote or the pre	vious policy.					-	
TATA 4/G Secure indersement No.(TA): 06		eture enversement	No.(TA): 06			1					





## FORM-V

#### **INTERIM ACCIDENT REPORT (IAR)**

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

FIR No.		242	3
Date			12p
Under Sect	ion	Q19 3	Boy A 4201 De
Police Stati	on	Kedong	Re
		1 1	
1.	Date of Accident	t	02/04/23
2.	Time of Acciden	t	08:30 M
3.	Place of Acciden	t	Live Road Maring robor
4.	Offending Vehic	le	
	Registration No.		NO. 13 15 52 0 A
	Vehicle Make		mile
	Vehicle Model		p 2
5.	Driver of the off	ending vehicle	
	Name		Rom 'Subbc '
	Father's Name		Rayer Sutre
	Mobile No.		N/A
	Address		of Noye Bozoas Ps do Wood Pole
	Driving Licence		Permanent
			Learner's
			Juvenile
			Without License
			Others (Specify)
	Driving Licence 1	No.	5120420130002017
	Validity of Licens	ce	05 0123
	Licensing Authority		· Ro sibkin
6.	Owner of the off	ending vehicle	
	Name		Degion 16 Gogos
	Father's Name		
	Mobile No.		Man Mon Goyar  9932384026  1 Prockan Negar Bihgan
	Address		of Prockan Negas Silyan
7.	In case of comme	ercial vehicle	Bloom
	Permit details		
	Fitness details		
8.	Insurance Detail	S	* In

1	Policy No.	′ ©	1624 609930100			
	Period of Policy	101	10/29			
	Name of Insurance Company	Tele	1/15 overs			
	Address of the Insurance Compa	lote .	ALG, Gornal Compen			
9.	Witness(es) to the accident					
	Witness-1: Name					
	Mobile No.					
	Address		.1. A			
	Witness-2: Name					
	Mobile No.					
	Address					
	Witness-3: Name					
	Mobile No.					
	Address					
	Witness-4: Name					
	Mobile No.					
	Address					
	h one me	he Bourday  Michael	Joshu Joshu			
11;	Details of compliance(s)					
i.	Date of filing of First Accident R	eport (FAR)				
ii.	Date of uploading FAR on the w	ebsite of Delhi Police				
iii.	Date of delivery of FIR and FA Company	AR to the Insurance				
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/ document have been verified.	nents of the driver/owner	Yes No			
	If yes, attach the Verification Rep	ort.				
12.	Passenger details					
i.	Gender Male Female TG					

ii.	Occupation	Advocate
11.	Occupation	Business
		Clerk
		Doctor
		Driver
		Engineer
		Farmer
N.		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
14.	injury rype	Buttocks Injury
	7	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 _	Indian
	, and the same of	Foreigner
13.	Pedestrian Details	1 otolgus.
i.	Gender	Male Female TG
ii.	Severity	\ Fatal
11.	Seventy	
		Grievous Injury
		Simple Injury Hospitalized
151		Simple Injury Non Hospitalized
		No Injury
iii.	Mode of Hospitalization	108 Ambulance
		Not Hospitalized
		By Self
		Private Ambulance
	4	Private Vehicle
	4	

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

viii.	Occupation	Advocate
		Business
		Clerk
	1 -	Doctor
		Driver
		Engineer
		Farmer
		House Keeper
		Labourer
		Police Officer
		Politician
		Retired Officer
		Student
		Unemployed
		Vendor/ Small Business Owner
		Worker
		Other
ix.	Nationality	Indian
		Foreigner

	/ S.H.O./I.O
P.I.S./EMPLOYEE No.	Dolyrou Haryl
Phone No	8 2/674237
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 09/2	
Under Sect	ion	229 334 3046 422 Me	
Police Stati	on	Pedon	
1.	Date of Accident	07 09 23	
2.	Time of Accident	08130 hm	
3.	Place of Accident	ohn Road Maining Letar	
4.	Nature of case	Simple Injury	
		Grievous Injury	
		Eertal	
		Damage/loss of the property	
		Any other loss/injury	
5.	Registration Number of the		
	offending vehicle		
6.	Owner Details	P, B J3 b 22 0 A	
	Name	Dayrou K Goyos	
	Address	of Prokost Nega	
7.	Driver Details	Bhoreng on	
	Name	Kon Subbe do Rajer John	
	Address .	of Mayo Bozaa Produ Dont Ste	
8.	Insurance Details		
	Policy No.	3K0420190002018	
	Period of Policy	08 642013	
	Name of Insurance Company	ATO SIKKM	
		DEATH CASE	
9.	Name of the deceased	Dhar Behadu Gumas	
10.	Father's Name	Dhon Behadu Gorang	
11.	Age / Date of Birth	64	
12	Date of death	02/14/3>	
13	Gender of the deceased	Mole	
14.	Marital status of the deceased		
15.	Occupation of the deceased	Gt. Domaten	
16.	If the deceased was employed, give thename and address of the		
17.	employer Income of the deceased	-NIA	

18.	Whether the deceased was Income Tax	assessed to		Yes	No		*	
	If yes, file the copy of Income for the last three years	Tax Returns						
19.	Whether the deceased wa earningmember of the family			Yes	No			
20.	Details of medical treatment deceased, prior to death. O medical expenses incurred	given to the Give details of		-				
21.	Whether the victim got reim of medical expenses from his or under a Mediclaim policy any government cashless scheme or government scheme  If yes, provide details	s employer or under		_				
22.	Name, Age, Gender, Relation	and Marital	Status	of Leg	al Repres	entative	es of the deceased	
	Name	Age / Date of Birth	Gen	der	Relatio	n	Marital State	15
i.	blankola Gonna	Dirth	Eno	le.	horle		Memed	
ii.								
iii.		=						
iv.								
V.			i.					
vi.	5							
23.	Name, Contact Number and A	ddress of Le	gal Rep	resent	atives of	the dece	ased	
	Name	Contact N	umber				ress as well as nt Address	
i.	Henkele Gorns			1	1 K	Lein	ung Bust	
ii.					Pr Ve	رمه	Kol	mpo
iii.		¥				1		
iv.	•							
v.								
vi.								
24.	In case of children below the a	ge of 18 years	5					
	Name of Child	Details of and class child	schoo s of the			Approx of the cl	imate expenditu hild	re
i.								
ii.		- N/	P -					
iii.								
iv.								
V.								
vi.								
		INJURY	CASE	-				
25.	Name of the Injured				. F.			

26.	Father's Name	1		
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.			Yes N	0
36.	Nature and description of Injury			
37.	Medical treatment taken by the Injured			
38.	Name of hospital and period hospitalization Hospital Name Period of Hospitalization Doctor's Name	1	Marpito	M District
	12.10	-		
39.	Details of surgery(s), ifundergone			
<ul><li>39.</li><li>40.</li></ul>	Whether any permanent disability		Yes	No
40.	Whether any permanent disability  If yes, give details		Yes	No
	Whether any permanent disability  If yes, give details  Details of the family of the Injured	Age		
40.	Whether any permanent disability  If yes, give details	Age / Date of Righ	Yes Gender	Relation
40.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.	Date		
40.	Whether any permanent disability  If yes, give details  Details of the family of the Injured	Date of	Gender	Relation
40. 41.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.	Date of	Gender	Relation
40. 41. i. ii.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.	Date of	Gender	Relation
i. ii. iii.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.	Date of	Gender	Relation
40. 41. ii. iii. iv.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.	Date of	Gender	Relation
i. ii. iii. iv. v.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.	Date of Birth	Gender	Relation
40.  i. ii. iii. iv. v. vi.	Whether any permanent disability If yes, give details  Details of the family of the Injured  Name.	Date of Birth  8 years s of Ann and f the	Gender  Moue	Relation
40.  i. ii. iii. iv. v. vi.	Whether any permanent disability  If yes, give details  Details of the family of the Injured  Name.  In case of children below the age of 1  Name of Child  Details school class of	Date of Birth  8 years s of Ann and f the d	Gender  Moue	Relation  Famer Include  pproximate expenditure of the

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 If yes, provide details	Yes No
45.	Value of loss/ damage to the property	does of Impersty
46.	Any additional information	, 1
47.	Brief description of the accident Mechanical	e/del ocome due b
48.	Compensation claimed	-
49.	Hospital details	_
i.	PMJAY Empanelled	Yes No
ii.	Hospital name	Derun Durpiter Singue
iii.	State	10 D
iv.	District	3 Dayreely
v.	Address	[ 57 20 ]
vi.	Pincode	
vii.	Hospital Type	Government Private
viii.	Classification (if Government)	Primary Health Centres  Community Health Centres  District Hospitale  Medical Colleges and Research Institutions
ix.	Speciality (if Private)	Multispecialty hospital

Allergy Anesthesia Bariatic 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 & Nech Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine

		Plastic & Reconstructive Surgery		
		Pediatric Surgery		
2		Psychiatry		
		Pulmonary Medicine		
		Radiation Oncology		
		Radiology		
		Rheumatology		
		Surgical Oncology		
		Thoracic Surgery		
		Transplant Surgery		
		Urology		
		Vascular Surgery		
		Wound Care		
		ENT		
	Mobile			
Х.	National Identification Number (NIN)			
xi.				
xii.	Landline			
xiii.	E-Mail			
xiv.	Username	1		
XV.	Password			
xvi.	Retype Password			
xvii.	Hospital Location	Nea Medical Mare		
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			
		ort		
iii.	Time of Arrival			
iv.	Patient Name			
v.	Patient Age	And Loney 84 byg 3496		
vi.	Patient Contact Number	8492491		
vii.	Gender	Male		
VII.	Goldon	Female		
		TG		
	T. Committee	Fatal		
viii.	Injury Severity	Grievous Injury		
		Simple Injury Hospitalized		
		Simple injury Hospitanzed		

		Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	Father
		Guardian
x.	Relation (if Female)	Father
		Mother
		Guardian
xi.	Father Name	Me
xii.	Patient Address	of Lappa Neary Morning Ko
xiii.	Accident Register Number	• 11 12
xiv.	ID Proof	Voter ID
		PAN Card
		Aadhaar Card
		Driving Licence
	7	Others
		ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	Identification Mark 2	l.
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
	-E' '- '-	Hip
		Knee
		Leg
		Neck
		Not applicable
		Shoulders Injury
		Abdominal
ii.	Trauma Flag / Triage	Red
		Yellow

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

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	
	2	Ward	
	,		
	7		
		Transferred to another hospital Operation theatre	

		Intensive care unit Died in Emergency Disposition Brought Dead
		DIOUGIII Dead
52.	History as stated by the Injured	Grown ymes
53.	Details of Injuries	· ·
54.	Discharge Summary	
ì.	Name of the doctor	1/2 M. Roy
ii.	Doctor Regn No.	1
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 No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	1
v.	Smell of alcohol in breath	Present Absent
vi.	Speech	Normal
		Thick and slurred
		Incoherent
vii.	Clothing	Decently Dressed
		Disordered
	31.	Soiled
		Torn
viii.	General Disposition	Calm
		Talkative
		Abusive
		Aggressive
ix.	Self Control	Normal Impaired
X.	Memory	Normal Impaired
xi.	Orientation of time & space	Normal Impaired
xii.	Reaction time	Normal Delayed
xiii.	Gait	Normal

		Unsteady	
		Unable to sta	and 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 Mediclaim 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

that the contents of the above Form are true to my

- 8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
- 9. Any other document

0	ther d	locumen	te to h	e cuhm	itted
U	uner o	kocumen	is to d	ersunn	mea

- 1. X Ray
- 2. CT Scan
- 3. ECG

Verification:

Verified at

4. Other documents

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	Photograp h				
1.	Susandomay	Breedonay	N/A				
2.		L.					
3.							
4.							
5.							
6.	*						