

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

1. Name of the police station : P.S Gorubathan
2. CR No./Traffic accident report : Ref-Gorubathan P.S Case No. 38/23 Dtd-
.13/12/2023 U/S 279/ 337/427 IPC
3. Date, time and place of the accident : 12/12/2023...at 11:30 Hrs , Sukrabazar, Phaperkhati
4. Name and full address of the injured/
Deceased : A. Injured: Krishna Rai s/o Nimai Rai of Vivekananda
Pally , P.S Kotwali Dist-Jalpaiguri
B. Balai Biswas s/o Biond Biswas of Vivekananda
Pally , P.S Kotwali Dist-Jalpaiguri
C. Tarun Mandal S/O Not Known of Vivekananda
Pally , P.S Kotwali Dist-Jalpaiguri
D. Pradhan Bala S/O Not Known of Vivekananda
Pally , P.S Kotwali Dist-Jalpaiguri
5. Name of the hospital to which he/she
was removed : Gorubathan BPHC Hospital
6. Registration number of vehicle and the
Type of the vehicle : WB—71B-8793 SMALL GOOD CARRIERS
7. Driving license particulars :
 - (a) Name and address of the driver : Krishna Roy s/o Nimai Roy of Vivekananda
Pally , P.S Kotwali Dist-Jalpaiguri
 - (b) Driving license number and date of
Expiry. : N/A
 - (c) Address of the issuing authority : N/A
 - (d) Badge No in case of public service
Vehicle. : N/A
8. Name and address of the owner of the
vehicle at the time of the accident. : Basudeb Biswas S/o Binod Biswas of
South Vivekananda
Pally , P.S Kotwali Dist-Jalpaiguri
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 : Reliance General Insurance Co. Ltd Thapar House
4th Floor 163 Sp Mukurjee Road Kolkatta_
10. Number of insurance policy/insurance
certificate and the date of validity of the : Policy No. 150622323340006955



insurance policy/insurance certificate.

Valid Upto 28/04/2024 Midnight.

11. Registration particulars of the vehicle

(class of vehicles) : WB-71B-8793 SMALL GOOD CARRIERS

(a) Registration No. : WB-71B-8793

(b) Engine number of Motor number in

The case of Battery Operated Vehicles) : Engine No. UGN3A83659.

(c) Chassis No. : MA1KP2UGEM3A48320

12. Route permit particulars :N/A.....

13. Action taken, if any and the result...Case is pending for further investigationthereof

Risk Assumption Letter

Dear Mr. **BASUDEB BISWAS**

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 150622323340006955 which has been issued based on the details declared by the applicant.

Insured Vehicle Details

Registration No.	WB71B8793	Mfg. Month & Year	JAN-2022
Make / Model & Variant	Mahindra/Jeeto & Plus 16 Bsvi	CC / HP / Watt	625
Engine No./Chassis No.	UGN3A83659/MA1KP2UGEN3A48320	LCC Including Driver	2
Type of Body	NA	GVW	1495
RTO Location	WEST BENGAL - Jalpaiguri	Total Premium ₹	20435.00
Carrier Type	Public	IDV ₹	400000.00
Manufacturer fully build in	Yes	Hypothecation/Lease	Cholamandalam Investment And Finance Co Ltd ,

Insured's Declared Value (IDV)

Chassis IDV ₹	0.0	Non Electrical Accessories ₹	0.0
Body IDV ₹	0.0	CNG / LPG Kit ₹	0.0
Vehicle IDV ₹	400000	Trailer / Side Car ₹	0.0
Electrical / Electronic Accessories ₹	0.0	Total IDV ₹	400000.00

YOU HAVE OPTED FOR THE FOLLOWING COVERS

Standard Cover

Vehicle Own Damage + Third Party Coverage

- ☐ Electrical/electronic accessories
☐ Non-electrical accessories
☐ Bi-fuel kits comprising LPG/CNG systems

Add-on Covers

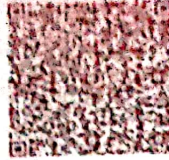
- ☐ **Nil Depreciation Cover** No deduction for depreciation on vehicle parts other than tyres and tubes with respect of approved partial loss claims.
☐ **Additional towing Charges** Provides cover for towing charges over and above the standard policy guideline as per the cover opted by customer (Sum Insured - ₹ 0.0/-).
☐ **Emergency Hotel Accommodation** Provide allowance towards the Hotel accommodation insured vehicle met with accident/ stolen 200 kms away from the location provided in policy copy

Please take a moment to carefully check your policy details mentioned above and in the policy schedule. Kindly confirm that the same are in order. In case of discrepancies, please let us know immediately. You can write to us at rgi.cl.services@relianceada.com or call us on 022 48903009(Paid) for necessary changes/rectification. In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal. Non disclosure and/or misrepresentation of claims in the previous policy period can lead to cancellation of your policy or rejection of your claims.

(Note-Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

For Reliance General Insurance Co. Ltd.

Authorised Signatory



Digitally signed by
Reliance General
Insurance Company
Limited
Date: 2023.04.29

reliancegeneral.co.in
022-4890 3009 extn
1800 3009 toll free
74004 22200 whatsapp

Reliance Commercial Vehicles (GCV Other than 3 Wheelers Public) Package Policy- Schedule

Policy Number: 150622323340006855	Proposal/Covernote No: R28042326966
Insured Name: MR BASUDEB BISWAS	Period of Insurance: From 00:00 Hrs on 29-Apr-2023 to Midnight of 28-Apr-2024
Communication Address: SOUTH VIVEKANANDA PALLY, VIVEKANANDA PALLY, JALPAIGURI KHARIA (P) (CT).....WEST BENGAL...INDIA,735121	Policy Issuing Branch: THAPAR HOUSE, 4TH FLOOR, 163, S.P. MUKHERJEE ROAD KOLKATTA, KOLKATA, WEST BENGAL,700026
Mobile No: 9733333256	Tax Invoice No. & Date: R28042326966 & 28 Apr 2023 17:40
Email-ID: anujdas.jal@gmail.com	GSTIN/UIN & Place of Supply: WEST BENGAL

Insured Vehicle Details			
Registration No.	WB71BS793	Mfg. Month & Year	JAN-2022
Make / Model & Variant	Mahindra/Jeeto & Plus 16 Bsvi	CC / HP	625
Engine No./Chassis No.	UGN3A83659/MA1KP2UGEN3A48320	LCC Including Driver	2
Type of Body	NA	GVW	1495
RTO Location	WEST BENGAL - Jalpaiguri	Total Premium ₹	20435.00
Carrier Type	Public	IDV ₹	400000.00
Manufacturer fully build in	Yes	Hypothecation/Lease	Cholamandalam Investment And Finance Co Ltd ,
Vehicle Sub Class	Pick Up Vans	Goods Type	Non Hazardous

Insured Declared Value (IDV)			
Chassis IDV ₹	0.0	Non Electrical Accessories ₹	0.0
Body IDV ₹	0.0	CNG / LPG Kit ₹	0.0
Vehicle IDV ₹	400000	Trailer / Side Car ₹	0.0
Electrical / Electronic Accessories ₹	0.0	Total IDV ₹	400000.00

Premium Summary			
Own Damage - Section I	Amount(₹)	Liability - Section II	Amount(₹)
Basic OD	1726.00	Basic Liability	16049.00
Covers for Lamps Tyres/Tubes Mudguards/Bonet/Side parts etc (IMT-23)	258.90	Total Basic Liability Premium	16049.00
Total Basic Own Damage Premium	1984.90	PA Benefits - Section III	
TOTAL OWN DAMAGE PREMIUM	1984.90	Legal Liability to paid driver and/or Conductor and/or cleaner	100.00
		TOTAL LIABILITY PREMIUM	16149.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	18134.00
		CGST on OD Premium (@9.00 %)	188.00
		SGST on OD Premium (@9.00 %)	188.00
		CGST on TP Premium (@6.00 %)	963.00
		SGST on TP Premium (@6.00 %)	963.00

TOTAL PREMIUM PAYABLE

20435.00

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 40,23,21,7

GSTIN :19AABCR6747B1ZD.HSN :997134.

Description of services :Motor vehicle Insurance Service

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/662/2023/(Validity Period Dt.27/03/2023 to Dt.01/12/2023)/1156 DT.27 MAR 2023" at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir

11BRG387 / Turtlemint Insurance
Broking Services

1800266010

policy@turtlemint.com

Intermediary Code/Name

Intermediary Contact No.

Intermediary E-mail ID

POS UID Aadhaar No. / PAN No.

Limits of liability

: PA cover for owner driver under section III CSI ₹0.0
(a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988.

Reliance General Insurance Company Limited, IRDAI Registration No. 103.
Registered & Corporate Office: Reliance General Insurance Company Limited, 6th Floor, Chandi Commercial, International Business Park, Chandi Garden City, Off

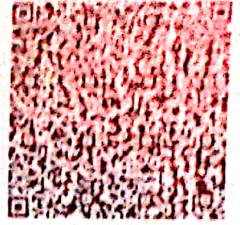
An ISO 9001:2015 Certified Company



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GOVERNMENT OF WEST BENGAL

State Transport Department
Jalpaiguri RTO, West Bengal



RECEIPT/APPL No: WB71R23040002156/WB23042798156043
 Vehicle Class: Goods Carrier
 Received From: BASUDEB BISWAS
 Receipt Date: 27-Apr-2023
 Vehicle No: WB71E8793
 Regn Date: 21-Jun-2022
 Chassis No: MA1KP2UGEN3A48320

Particular	Amount	Fine/Penalty/Addl.Fee	Total
MV Tax(26-Apr-2023 to 25-Apr-2024)	400	0	400
Additional MV Tax(26-Apr-2023 to 25-Apr-2024)	200	0	200
TW Welfare Cess(26-Apr-2023 to 25-Apr-2024)	60	0	60
Service/User Charge	20	0	20
Transaction Fee	20	0	20

GRAND TOTAL (in Rs): 700/- (SEVEN HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

GOPAL SIKDAR UDA

Customer Copy

Printed On: 27-Apr-2023 16:03:08

GOVERNMENT OF WEST BENGAL

State Transport Department
Jalpaiguri RTO, West Bengal



RECEIPT/APPL No: WB71R23040002156/WB23042798156043
 Vehicle Class: Goods Carrier
 Received From: BASUDEB BISWAS
 Receipt Date: 27-Apr-2023
 Vehicle No: WB71B8793
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Service/User Charge	20	0	20
Transaction Fee	20	0	20

GRAND TOTAL (in Rs): 700/- (SEVEN HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

GOPAL SIKDAR UDA



GOVERNMENT OF WEST BENGAL
State Transport Department Jalpaiguri RTO
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: WB71B8793	Registration Date	: 21-Jun-2022
Description of Vehicle	: GOODS CARRIER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: KHOKON MOTORS WORKS PVT. LTD., MATGARA, NEW CHUMTA, SILIGURI, ...	Son/wife/daughter of	: S/O- BINOD BISWAS
Owner Name	: BASUDEB BISWAS		
Full Address: (Permanent)	: SOUTH VIVEKANANDA PALLY, VIVEKANANDA PALLY, JALPAIGURI KHARIA (P) (CT), JALPAIGURI, WEST BENGAL-735121		
Full Address: (Temporary)	: SOUTH VIVEKANANDA PALLY, VIVEKANANDA PALLY, JALPAIGURI KHARIA (P) (CT), JALPAIGURI -WEST BENGAL-735121		
Fitness UpTo	: 15-Jun-2024	Tax UpTo	: 25-Apr-2023
Owner Serial No	: 1		
Detailed Description			
Class of Vehicle	: GOODS CARRIER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: MAHINDRA & MAHINDRA LIMITED		
Front HSRP No	: BA2601074697	Rear HSRP No	: BA2601074698
Type of Body	: HARDTOP	Month/Year of Manuf.	: 01/2022
No of Cylinders	: 1	Chassis No	: MA1KP2UGEN3A48320
Engine No	: UGN3A83659	Fuel	: DIESEL
Horse Power(BHP)	: 16.00	Cubic Capacity	: 670.00
Maker's Classification	: MAHINDRA JEETO PLUS-16 B Wheel base SVI		: 2500
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 780
Colour	: A5SEABLU	Laden/GV Wt (kgs)	: 1495
Other Criteria	:	AC Fitted	: NO
Vehicle Purchase As	: Fully Built		

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

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:	145 R12LT 8PR		715
b) Rear:	145 R12LT 8PR		780
c) Other:			0
d) Tandem:			0

The motor vehicle above described is subject to Hypothecation in favour of CHOLAMANDALAM INV & FIN. CO.LTD., SILIGURI BRANCH, , Darjiling, West Bengal-734001 w.e.f. 14-May-2022.

Purchase dt	: 26-Apr-2022	Sale Amt	: 502984/-
OTT Date	: 26-Apr-2022	Amount/Rcpt No	: 385 / WB71D22050001152
TaxUpTo	: 25-Apr-2023	Vehicle Is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 21-Jun-2022

Other State/Transfer/Conversion Details

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

This certificate is valid from 21-Jun-2022 to 20-Jun-2037

Date : 11-Jul-2022 16:09:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Jul-2022

Registering Authority
Jalpaiguri, W.B.

SAFE DRIVE SAVE LIFE.
ROUGH DRIVE

নিম্নে উল্লিখিত কার্যের নাম
যদি চালকের সময় যথাযথ ব্যবহার করবেন না।
উপর বা স্টেট বা স্টেট আইনসমূহ অনুমোদিত
কর্তৃপক্ষ কর্তৃক

Form 59

[See rules 115 (2)]

Pollution Under Control Certificate

Authorised By :

Government of West Bengal

Date : 14/08/2023
 Time : 13:54:35 PM
 Validity upto : 13/08/2024



Certificate SL. No. : WB07101830000053
 Registration No. : WB71B8793
 Date of Registration : 21/Jun/2022
 Month & Year of Manufacturing : January-2022
 Valid Mobile Number : *****0683
 Emission Norms : BHARAT STAGE VI
 Fuel : DIESEL
 PUC Code : WB0710183
 GSTIN : 19BVKPS3624L1ZX
 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	0.7	0.54

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>



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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.	28/23	
Date	12.12.23	
Under Section	304/304A/302/303 PC	
Police Station	Kumbhghar Kalimpur	
1.	Date of Accident	on 12.12.23 at about 11.30 am

2.	Time of Accident	At 11:30 am	
3.	Place of Accident	Sukachane papphokhet	
4.	Source of Information	Driver/Owner <u>Krishna Bai S/O Nimm Bai</u> Victim Witness Hospital <u>Corubothan BPHC Kalingpur</u> Good Samaritan Police Others (Specify)	
Name, mobile number & address of the Informant			
Name		<u>Krishna Bai</u>	
Mobile No.		<u>9883190358</u>	
Address		<u>Vivekanda polly ps Katurati Jalpaiguri</u>	
5.	Nature of Accident	Injury <u>Simple</u> Fatal Damage/loss of property Any other loss/injury	
Number of Vehicles involved		<u>WB 025S/56 21</u>	
Whether Registration Number of the Offending Vehicle known		Yes <input checked="" type="checkbox"/>	No
Whether offending Vehicle impounded by the police		Yes <input checked="" type="checkbox"/>	No
Whether the driver of the offending vehicle found on the spot		Yes <input checked="" type="checkbox"/>	No
Number of Fatalities			
Number of Injured		<u>4 (four) person</u>	
6.	Details of the Hospital where victim(s) taken		
Hospital Name		<u>Corubothan BPHC-Kalingpur</u>	
Address		<u>Vivekanda polly ps Katurati Jalpaiguri</u>	
Doctor's Name			
7.	Availability of CCTV Footage	Yes	No
If yes, CCTV Footage be preserved and be filed with DAR			
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.		<u>WB 710/8593</u>	
Driver Details			
Name of the Driver		<u>Krishna Bai</u>	
Address of Driver		<u>vill-vivekanda polly</u>	
Mobile No. of Driver		<u>9883190358</u>	
Owner Details			
Name of the Owner		<u>Pranab Chandra</u>	
Address of Owner		<u>South vivekanda polly</u>	
Mobile No. of Owner		<u>9883190358</u>	
Insurance Details			

Insurance Policy No.		150622323340806955-	
Period of Insurance Policy		28/4/2024	
Name of Insurance Company		Reliance Co. LTD	
Address of Insurance Company		41h Hada 163 SP mulchane road	
9. Details of Victim(s)			
	Name	Deceased /Injured	Address & Contact Details
i.	Prishra Bg		will. vivekanand a polly
ii.	Delai Bihary		00
iii.	Tarun Mondal		00
iv.	Pradip Bala		00
v.			
vi.			
10. Other Accident Details			
i.	Reporting Date & Time		
ii.	Landmark		
iii.	Severity	Fatal Grievous Injury Simple Injury <input checked="" type="checkbox"/> Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Death
	<input checked="" type="checkbox"/> Drivers		
	<input checked="" type="checkbox"/> Passengers		
	Pedestrians		
	Animal		
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi.	Collision Nature	Head on Collision Hit Parked Vehicle Hit tree Hit Fixed/Stationary Object Hit from Back Hit from Side Run off Road Overturn Skidding /Overturn Sideswipe Vehicle Fell in Gorge/Ditch/Well Vehicle Fell in River	

vii.	Initial Observation of accident scene	Non Provision of Parapets/Crash Barrier on Outer Curve 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
viii.	Weather Condition	Sunny / Clear 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 Darkness with poor street light Darkness-No street light
x.	Accident Spot	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 25 Meters 50 Meters 75 Meters 100 Meters and Above
xii.	Load Condition (1)	Excess Passengers Normally Loaded Empty Not Known
xiii.	Load Condition (2)	Excess Goods 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

xvi. P.I.S./EMPLOYEE No. : _____



S.H.O./I.O.
4. *[Signature]*
Corroboration
Phone No. : 9335012567
P.S. : Corroboration
Date : 5.1.24

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-II

RIGHTS OF VICTIM(S) OF ROAD ACCIDENT AND FLOW CHART OF THE SCHEME MENTIONED BELOW

**To be handed over by Investigating Officer to the
Victim/Family Members/Legal Representatives within 10 days of the accident**

1. Right to immediate medical aid and treatment.
2. Right to copy of FIR.
3. Right to copy of First Accident Report (FAR) in Form - I.
4. Right to copy of Rights of Victim and Flow Chart of this Scheme in Form -II.
5. Right to copy of Driver's Form-III along with the documents.
6. Right to copy of Owner's Form-IV along with the documents.
7. Right to copy of Interim Accident Report (IAR) in Form-V along with the documents.
8. Right to blank copy of format of Victim's Form-VI and Form-VIA.
9. Right to copy of Detailed Accident Report (DAR) in Form-VII along with the documents.
10. Right to copy of Insurance Form-XI.
11. Right to copy of Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974).
12. Right to copy of Victim Impact Report in Form-XII.
13. Right to copy of MLC and Postmortem Report.
14. Right to free legal aid from State Legal Services Authority.
15. Right to appear before the Claims Tribunal in person or through lawyer.
16. Right of a minor child/ children (18 years or below) of the victim to be referred to the Child Welfare Committee by the IO for Inquiry into their needs and status.
17. Right of a minor child/ children (18 years or below) of the victim to have the Child Welfare Committee conduct an Inquiry through the District Child Protection Officer into their well-being, medical needs, security, nutrition, etc.
18. Right of a minor child/ children (18 years or below) of the victim to get all benefits of Juvenile Justice (Care and Protection of Children) Act, 2015 in case the Child Welfare Committee returns a finding of a child being a Child in Need of Care and Protection (CNCP).
19. Right of such minor child/children of the Victim to be placed in a Children's Home in case both the parents died or the surviving parent is unable to take care of the child, as provided under the Juvenile Justice (Care and Protection of Children) Act, 2015.
20. Right to receive compensation under the Scheme for Motor Accident Claims formulated by the Delhi High Court.

Flow Chart of the aforesaid Scheme is attached herein.

P.I.S./EMPLOYEE No. : S/180001/10
2001 PS
Phone No. : 9735012561
P.S. : Combalhant
Date : 09.1.2024

Acknowledgement of the Victim/Family Members/Legal Representatives

I have received this Form and the Flow Chart of the Scheme along with the copy of a blank Victim's Form-VI and Form-VIA.

31/3/24
Victim/Family Members/Legal Representatives

Date : _____



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.	38/23
Date	13.12.23
Under Section	WS 279/337/427 IPC
Police Station	Corumbathur P. Kalinpong

1.	Driver Details	
	Name	Pritha Ray
	Father's Name	S/D Nimai Ray
	Mobile No.	9883190358
	Address	Vivekananda colony B. Khatrali Jol, Bongaigaon
2.	Age/Date of Birth	30yr
3.	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4.	Educational Qualifications	<input checked="" type="checkbox"/> Primary <input 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 type="checkbox"/> Self-Employed <input checked="" type="checkbox"/> Others
6.	Monthly Income	Rs.
7.	Driving Licence	<input 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.	
9.	Period of Validity of Licence	
10.	Licensing Authority	

	Vehicle Registration No.	
12.	Vehicle Type	small vehicle goods carrier
13.	Owner Details	monder bhui
	Name	
	Mobile No.	9883190358
	Address	South vi South vivekandapally
14.	Insurance Details	
	Policy No.	1506223234006955
	Period of Policy	28/4/2024
	Name of Insurance Company	Reliance Co Ltd
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 checked="" type="checkbox"/> Head <input type="checkbox"/> Hip <input type="checkbox"/> Knee

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

Verification:

Verified at LBW PT on this 15/12/23 day of _____ 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

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.	38/23
Date	13-12-23
Under Section	Section 302 of Indian Penal Code
Police Station	Korubetham

1.	Vehicle Details	
	Registration No.	WB 71B/8793
	Colour	Blue
	Make	Maruti Suzuki
	Model	Maruti Suzuki Swift
	Year of Manufacture	
	Chassis No.	MAKP24EN3A98320
	Engine No.	UEN3A83659
	Registering Authority Name	Madurai District
	Vehicle Type	<input checked="" 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 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 <i>In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988</i>	Bhander Birwa
	Father's Name	श्री भिरवा भिरवा
	Mobile No.	9883190358
	Address	vivekonda polly katwali Jalpaiguri
	Occupation	Business
3.	Driver Details	
	Name	Krishna Ray
	Father's Name	श्री नमोय Ray
	Mobile No.	9883190358
	Address	vivekonda polly katwali Jalpaiguri
	Driving Licence No.	
	Period of Validity	
	Licensing Authority	
4.	Insurance Details	
	Policy No.	15062232334006055
	Period of Policy	28/4/2024
	Name of Insurance Company	Reliance Co. Ltd
	Address of Insurance Company	4th floor 163 mulcherjee Road Kat.
	Details of previous Insurance Policy	
	Whether the vehicle previously involved in any MACT case? <i>If yes, give details of FIR and MACT case.</i>	
5.	In case of commercial vehicle	
	Permit details	
	Fitness details	
6.	Whether the owner reported the accident to the Insurance Company	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Other details	
i.	Load Category	<input type="checkbox"/> Passengers <input type="checkbox"/> Goods
ii.	Age of vehicle	

iii.	Vehicle Description	Transport Vehicle <input checked="" type="checkbox"/> Non-transport Vehicle
iv.	Pollution under Control Certificate Validity	13.8.2024
v.	Tax Details	25.9.2024
vi.	Seat Capacity	
vii.	Insurance Company	Reliance General Insurance Co. Ltd.

Verification:

Verified at ABN on this 05 day of Jun 2024 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

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 SLISA

FIR No.	38/23
Date	13.12.23
Under Section	279/337/427 IPC
Police Station	Gumbathon PS, Lalpuram

1.	Date of Accident	on 12.12.23
2.	Time of Accident	At 11:30 hr.
3.	Place of Accident	Sulazebay Panchkathi
4.	Offending Vehicle	
	Registration No.	WB 0255621
	Vehicle Make	
	Vehicle Model	Sundar Car.
5.	Driver of the offending vehicle	
	Name	Krishna Ray
	Father's Name	S/O Binai Ray
	Mobile No.	9883190358
	Address	Vivekananda polykatwari Jalpaiguri
	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.	
	Validity of Licence	
	Licensing Authority	
6.	Owner of the offending vehicle	Bisudev Bhowm
	Name	
	Father's Name	S/O Binai Bhowm
	Mobile No.	9883190358
	Address	Vivekananda polykatwari Jalpaiguri
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	
8.	Insurance Details	

	Policy No.	150 6222334 0006055		
	Period of Policy	28/4/2024		
	Name of Insurance Company	Reliance General Insurance Co. Ltd.		
	Address of the Insurance Company	4th floor SP Mukherjee Road, Bala		
9.	Witness(es) to the accident			
	Witness-1: Name			
	Mobile No.			
	Address			
	Witness-2: Name			
	Mobile No.			
	Address			
	Witness-3: Name			
	Mobile No.			
	Address			
	Witness-4: Name			
	Mobile No.			
	Address			
10.	Brief description of the Accident			
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	Female	TG

ii.	Occupation	Advocate <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 Foreigner
13.	Pedestrian Details	
i.	Gender	Male Female TG
ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iii.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

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



P.I.S./EMPLOYEE No. : S1 Percent Kam

Phone No. : 9735012561

P.S. : Korubathan

Date : 05/1/24

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



FIRST INFORMATION REPORT (Under Section 154 Cr. P.C.)

3888

Dist. Kalimpur P.S. Gorubathan Year 2023 FIR No. 38/23 Date 13/12/23
Sections _____ (ii) Act _____ Sections 279/337/427 IPC

(a) Occurrence of Offence : Day Wednesday Date From 12/12/23 Date To 12/12/23
Time Period _____ Time From 11:30 hrs Time To _____

(b) Information received at P.S. Date 13/12/23 Time 14:35 hrs

(c) General Diary Reference : Entry No(s) 859 Time 14:35 hrs
Type of Information : _____ Written / Oral Or

Place of Occurrence : (a) Direction and Distance from P.S. 13 kms N from PS Beat No. 18

(d) Address Sukrabajar, Phaperkhet, PS Gorubathan, Kalimpur

(e) In case outside limit of this Police Station, then the
Name of the P.S. _____ District _____

Complainant / Informant :
(a) Name Krishna Roy
(b) ✓ Father's / Husband's Name Nimai Roy
(c) Date / Year of Birth : _____ (d) Nationality Indian

(e) Passport No. _____ Date of Issue : _____ Place of Issue _____

(f) Occupation Driver of vehicle bearing no - BS 7128793

(g) Address Virekanandapally, PS - Ketraui, Dist. Raipur

Details of known / suspected / unknown accused with full particulars 1. Driver of vehicle bearing
(Attach separate sheet, if necessary) : no - BS 02 S 5621.

Reasons for delay in reporting by the Complainant / Information NA

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

Total value of properties stolen / involved _____

Inquest Report / U.D. Case No., if any NA

FIR Contents (Attach separate sheets, if required) : The original written complaint which
PS located as FIR PS enclosed herewith
SI. Rajsekhar Patra
13.12.23

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 SI. Rajsekhar Patra Officer - In - Charge
Gorubathan P.S.
Dist. Kalimpur

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.

14. Signature / Thumb impression
of the Complainant / Informant [Signature]

15. Date & Time of despatch to the court : _____

SI. Rajsekhar Patra 13.12.23
Signature of the Officer-in-Charge, Police Station
Name SI. Rajsekhar Patra Gorubathan P.S.
Rank : No. SI. Rajsekhar Patra Dist. Kalimpur

To
The official Incharge
Gorubathan P.S
Dist - Kalimpong

Date - 13/12/23
Time - 12:10 pm
place - paporkhet sukra
bazar.

Subject -

Sir আমি জী দুই নামে নিম্নোক্ত বিষয়ে জানাই।

১. বিবাহের পক্ষীয়, দেবী গুরুত্বপূর্ণ - যার (পতন) এর
এই ক্ষেত্রে বাস্তবতা, আমলাতন অফিসে যা ২০২৩
আমি একটি ২০২০ সালে যা নামে ১০৮১/৮৮৭৩ নামে
১১:৩০ am বৃহস্পতি
গুরুত্বপূর্ণ থেকে নামে যাতে ছিলো ৩ জন পক্ষীয়
কোনো - যার সত্যাবলিই দেবী দুই (যাৎ আমলা
একটি দুই সালে যা নামে ১০৮০২৫৫২১ (আমলাতন)
যা সত্যাবলিই অফিসে আমলাতন যা নামে সত্যাবলিই
প্রতিষ্ঠা প্রতিষ্ঠা যা এবং সত্যাবলিই যা আমলাতন
যা আমলাতন বলাই বিবাহ, আমলাতন আমলাতন ও
পক্ষীয় আমলাতন প্রতিষ্ঠা প্রতিষ্ঠা আমলাতন যা, অফিসে যা
প্রতিষ্ঠা আমলাতন আমলাতন আমলাতন আমলাতন
আমলাতন এবং আমলাতন আমলাতন আমলাতন

এই অফিসে আমলাতন এবং আমলাতন
বিবাহের যা আমলাতন অফিসে আমলাতন আমলাতন
অফিসে বিবাহের আমলাতন আমলাতন এবং আমলাতন
আমলাতন অফিসে আমলাতন আমলাতন আমলাতন
আমলাতন অফিসে আমলাতন আমলাতন আমলাতন

Received on 12/12/23 at 15:35hr
nae No - 859 and 81020
Gorubathan P.S. Can No - 38/23
Date: 13/12/23 U/S - 279/332/4221 PC
and endorsed to SI Refsum Kaurin.
for investigation.

সিবেদনে
কৃষ্ণ অয়
৭৪৪৩১৭০৩৫৪.

SI. Rajendra Puri
Officer - In - Charge
Gorubathan P.S.
Dist - Kalimpong