# 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.	18/23
Date	09/09/2023
Under Section	279/304A
Police Station	JALDHAKA PS

1.	Date of Accident	09/09/2023

2.	Time of Accident	17.05 HOURS	
3.	Place of Accident	SUNDAR GOAN	
4.	Source of Information	Driver/Owner	
		Victim Witness	
		Hospital	
		Good Samaritan	
		Police	
		Others (Specify)	
	Name, mobile number & ac		
	Name	ROHIT TAMANG S/O:LT.BHUDHE TAMANG	
	Mobile No.	8900513067	
	Address	SUNDAR GOAN ,PS.JALDHAKA DIST: KA	LIMPONG
5.	Nature of Accident	Injury	
		Fatal	
		Damage/loss of property	
		Any other loss/injury	
	Number of Vehicles involved	01 AVENGER220 (MOTOR CYCLE)	
	Whether Registration Number of the Offending Vehicle known		
	Whether offending Vehicle impounded by the police	Yes No	
	Whether the driver of the offending vehicle found on the spot		
	Number of Fatalities	01	
	Number of Injured		
6.	Details of the Hospital when	re victim(s) taken	
	Hospital Name	PHC PAREN	
	Address	PAREN HEALTH CARE	
	Doctor's Name	DR.BAPAN BISWAS	
7.	Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR		
8.		(s) and Insurance of the Vehicle(s)	
	Details	Vehicle 1 (Offending vehicle)	Vehicle 2
	Vehicle Details		·
	Vehicle Registration No.	WB74AU1026	
	Driver Details		
	Name of the Driver	SUDIP RAI	
	Address of Driver	JHOLUNG BAZAR, PATEN	
		GODAK,KHASMAHAL,PS.JHALDHAKA, DIST: KALIMPONG	
	Mobile No of Driver	9475152063	
	Owner Details		
		HARE KRISHNA ROY S/O: PARMILA ROY	
	Address of Owner	EKATYASHAL ANP LO C PIPELINE SMC BHAKTINAGAR,JALPAIGURLWEST BENGAL 735210	
	Mobile No. of Owner	8101799484	
	Insurance Details		

	Insurance Policy No.		NOTI	FOUND			
	Period of Insurance Po		NIL				
			NIL				
	Company	rance	NIL				
	Address of Insu Company	rance	NIL				
9.	Details of Victim(s)						
9.	Name		Dece	ased /Injured			Contact Detai
i.	RANMAYA TAMANG, 74 YEARS, W/O: LT.BHUDHE TAMANG	74 YE/	ARS,	TAMANG, JDHE TAMANG	OF SUNDA DIST: KAL	RGOAN,PS IMPONG.	S:JALDHAKA,
ii.							
iii.							
iv.							
v.							
vi.							
1	0 Other Accident Det	ails					
i.	Reporting Date & Tir	ne					
ii.	Landmark						
iii.	Severity			Fatal			
			Grievous Injury				
				Simple Injury			
				Hospitalized Simpl	e		
	â			Injury Non Hospita	lized		
		6		No Injury		1	Death
iv.	Count o	ot		Injured			Death
	Drivers						
	Passengers						
	Pedestrians						
	Animal						
v.	Collision Type			Vehicle to Vehicle			
				Vehicle to Pedestri			
				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 Fixed/Stationary Object Hit from Back			
				Hit from Side			
				Hit from Side Run off Road			
				Run off Road Overturn			
				Vehicle Fell in Gorge/Ditch/Well			
				Vehicle Fell in Ri			
					orge/Ditch/W	'ell	

vii.	Initial Observation of accident	Non Provision of Parapets/Crash Barrier on Outer Curve
	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
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
<b>x</b> .	Accident Spot	Residential Zone
		Market Zone

.

	1	Institutional Zone
		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
		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.A.S.I./EMPLOYEE No. : 311 RIBAM LEPCHA

S.H.O./I.O

Phone I	No. : 9126012242	
P.S.	:JALDHAKA	
Date	: 11/09/2023	

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

1.	Name of the police station	:	P.S Jaldhaka
2.	CR No./Traffic accident report	:	Ref- Jaldhaka P.S Case No. 18/23 Dtd-09/09/2023 U/S 279/304 A IPC
3.	Date, time and place of the accident	:	09/09/2023at 17:05 Hrs, Sudar Goan PS JDK Dist KPG
4.	Name and full address of the injured/D JDK	Deceased	d. : Ran maya Tamang (74) W/O Lt Bhudhe Tamang of Sundar Goan PS Dist KPG
5.	Name of the hospital to which he/she was removed		: Paren Health Centre
6.	Registration number of vehicle and the Type of the vehicle	e :	WB-74AU 1026 (Avengar 220) Motor Cycle
7.	Driving license particulars :		
	(a) Name and address of the rider	:	Sudip Rai (34) S/O Gopal Rai of Jhalong Bazar , PS-Jaldhaka Dist- Kalimpong
	(b) Driving license number and date of Expiry.	f:	WB 7320170366542 Valid up 24.09.2037
	(c) Address of the issuing authority	:	LA Siliguri
	(d) Badge No in case of public service	:	
	Vehicle.	:	No.
8.	Name and address of the owner of the		
Bhakt	vehicle at the time of the accident. inagar Jalpaiguri West Bengal Pin 73521		re Krishna Roy S/O Pramila Roy of Ekatyashal ANP I.O.C pipe Line SMC
9.	Name and address of the insurance con	mpany	
	with whom the vehicle was insured and	d the	
	particulars of the Divisional Officer of	the	
	said insurance company	:	Not Known
10.	Number of insurance policy/insurance		
	certificate and the date of validity of the	ne :	Not Known
	insurance policy/insurance certificate.		Not Known
11.	Registration particulars of the vehicle		
	(class of vehicles)	:	WB-74 AU 1026 (Avengar 220) Motor Cycle
	(a) Registration No.	:	WB-74 AU 1026 (Avengar 220) Motor Cycle
	(b) Engine number of Motor number in	n PI	DYCJM 26913
	The case of Battery Operated Vehicles	5) :	Not Known
	(b) Chasis No.	: N	AD2A22EYXJCM19007
	(c) 12. Route permit particulars		:N/A

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

West E	3engal Form No. 27	FIRST INFORMATION I (Under Section 154 Cr.		3968
2. (i) (iii) 3. (a) (b) (c) 4. Type 5. Place	Act Section Act Section Occurrence of Offence : Day Section Occurrence of Offence : Day Section Time Period Information received at P.S. Date General Diary Reference : Entry Note of Information : e of Occurrence : (a) Direction and	Jaldhaka Year 20, ns 279/304A (il) Act ns (iv) Other two Day Date From 99/9 Time From 99/9 9/99/23 D(s) 297 Written / Orat Distance from P.S. North 99.	Sections 9/23 Date To 17:05hr Time To Time 20:245hr Time 20:145hr Bea	ons
(c) l	n case outside limit of this Police S	2		
6 Comp (a) N (b) F (c) E (e) P (f) C	Dainant / Informant : Name Rohit Tomo Father's / Husband's Name S. ( Date / Year of Birth : Passport No.	ng 2 27 : Buday Tan Date of Issue :	(d) Nationality Place of Issue	
7. Deta (Atta	ils of known / suspected / unknown ich separate sheet, if necessary) :	an, Jholuny, P.S. J naccused with full particulars Sudip Rai of Deo COB 74 AU 1026)	kota Toll, Jhole	n (Rider of
8. Reas	sons for delay in reporting by the Co	omplainant / Information	_	
9. Partio	culars of properties stolen / involve	d (Attach separate sheet, if necessa	ry) :	
1. Inque	st Report / U.D. Case No., if any	10/23 dt: 09/0 (required): The origina FIR is o	9/23	ch is treated as

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 ASI Riber Lepsho of Seldude PS to take up investigation / refused investigation / transferred to PS on point of jurisdiction. FIR read over to the Complaint/ Informant, admitted to be correctly recorded and a copy given to the Complainant / Informant free of cost.

A1213

Signature / Thumb impression of the Complainant / Informant

Date & Time of despatch to the court :

00207109123 Signature of the Officer-in-Charge, Police Station

Name: SI Project R. J. Proshan Rank: Sub-Impecter No. O/c JOK B

Rents : - 040.04.20

थाना जमारि [0.0] अलटाका थाना पितला - कालिम्पाइ 1

जिषय :- सुटिप राईको जाईकर्त क्लिस्टर जेरो-आमाको देखन अछ वापत उपुर पत्र।

अपराज्य अपराज्य किषय लिखर म रोहित तामद पिता स्व० तुर्धेन् तामद ऑगलुड सुन्यर जात जिवासी खुर रामका भी अग्नी पन्न पंजा अरिएइन्को ६ हि, आप दिनाडु ०७०.०७. २०२३ झानिवारको दिन मेरे परको अपि पदि सङ्क्रमा, अगलुड देवकोंदा येत निवासि भी सुध्रिप सर्ड राइकमा, अगलुड देवकोंदा येत निवासि भी सुध्रिप सर्ड वार्डड न० ७६-७४ मध्य येव्य निवासि भी सुध्रिप सर्ड वार्डड न० ७६-७४ मध्य याव्य ज्वासि दिलाकी पति दुवा जेरों जामा समन्य प्राय ज्वास्त्र देरित सिलाकी भी राईकों बेलामा समन्य प्राय ज्वासर डायन हामन्द्र पति दुवा जेरों आमा पनि बाहिर सङ्क्रमा निस्कन्या नी सुविप राईकों वार्डक्रमे स्विहर मेरों आमा सङ्क्रमा जाडीमा मेरी आमालाई लिखर देल्हा सेन्टर परंडमा प्राया परिङ् हेत्वा सेन्वरमा डव्यरले पाये गर्द्य नरेंडा देवी समय पद्धि मेरों आमाकी ठिया हो ज्या राईन्डा

असर्च महाज्य, उपरेंग्र विषयलाई मध्य नवर रारिव अतिबिद्ध आवञ्चर कार्यवाही जरिदिन-हुन भनि म नम् निवेदन गर्द्रहु।

Roceived on 09/09/23 at 20:45 ho. mide Juldhader PS GOE no: 297 dt. 9/9/23 4 ctarto Juldhader PS con m. 18/23 dt. 9/9/13 N/3 279/304A IPC.

HAIST

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हनुहका विज्वासी SIMIN SIMIS

(SI Prisidiaka Poline Station Officer-In-Charge Officer-In-Charge

P/ Ruo 20/23 SEIZURE LIST 2605 REF :- Jaidlala +1 case no 18/03 di- 09/09/03.4/1- 079 3004 : oglags a tabout of arim. 1. DATE & TIME OF SEIZURE 1+ 00 2. PLACE OF SEIZURE From the possession of- Culip FROM WHOM SEIZED Kon go go par for of Itoling Bazar ps Jaidhalce Mat Icalinpony 4. NAME OF WITNESS (1)Robi to Brudde Jamang of Ray out SI 5206 Sunday Goog pls Joly wish 10 py. (II)Ras 147) mg. Dirloy las shot for of 210 50 block liani har. All ydy non-lackin pong. 5. DESCRIPTION OF SEIZED ARTICLES (: ONC A Veriger 200 Sweet harthy DESCRIPTION OF SEIZED ARTICLES (\* ONC AVONGOY DDD Street hauthy heget WB744U1026, Mothe black in colour . O one orginal briver lice we in the hame of black in colour . O one orginal Basar palen (oday ichasmandu SJ having linence no dis 7520170366542 Valid upto DUJalsz. (\*) One rever copy of featharan Certificate in the hame of flore kyiching low Elp mamile Key of DE ka Hyanel into the pipe line sime shalling Multicritation feiter itmes by Flore with 200 O one orental function for the line of wald upto 300 one friday for the formed for the state of flore kyiching low Elp indentia Key of DE ka Hyanel into the pipe line sime side shalling function feiter itmes by Flore with 100 one for the line for the busing for the second flore for some friday for the state of the second for the second for the form for the busing for the former for the second for the form for the second for the former for the former for the former of second for the former for the former for the former of second for the former for the former for the former of second for the former former for the former for the west of the former for the former former for the former of second for the former for the former former for the second for the former for the former former for the second for the former former for the former former for the second former for the former former for the former former for the former former former for the former of pollution the former for the former former former was a west we to be control for the former former former valid up of the former former former former former former former valid up of the former former former former former former former former former valid up of the former for the former former former former former former former fo 0 Validupit 11/05/2024. ( Seizon as alamat of lip Case ) 6. SIGNATURE OF WITNESS हित तामाइ 日中·· (I)3900313167 (1) J. 12/104 Kar Ag Ribam Lopel. 947547-0566 VIGH PIS MAR (104 09/09/23 SEIZED BY ME

# AUTHORISATION LETTER

To,

sri/smt/Miss SUAIP RAT son/Daughter/Wife of Gr RAT Address DHOLUNG BAZAR, PATENIGODAK... KILASMANAGE DD Driving Licence No. 739017.0366542 Book No.

R	eg: Authorisation to drive the vehicle
	Number : WB-74-AV-1026
	Chassis No : MD2A22EYX 2CM 19007
	Engine No : PDYCDM26913
	Madel: 2018
	Class of Vehicle : AVENGER - 220 STREET

I, the undersigned, am the Registered Owner of the above vehicle do hereby authorise to the above person to drive my vehicle (above mentioned vehicle) on road and handed over the said vehicle to the above person including all the relevant document for driving the vehicle on road.

I do hereby undertake to declare that if anything will happen on road during the plying of the vehicle, the above-mentioned Driver will face and maintain all the matter with the department i.e. Motor Vehicle Department / Police/Court etc.

The Specimen signature of the Driver is attested by me hereunder.

Signature of the driver

Harekvszna Ry

Signature of the registered owner

NAME: Haze KUSHMA ROY

Harekvstona nay

ATTESTED BY ME

REGISTERED OWNER DATE 03/08/2023

ADDRESS: EKATTYASHAL AND, 1, 0G, PIPE LANE SMC, BUARTINDGAR, JALPAIGURI VEHICLE NO: WB.74 AUT 1026 VAILD UPTO :... 30/ 08/2023

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**	and a standard to be		
1 Worth de the			
	の事業を行う正		
the first the	和1107%。在17日1		
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「「「「「」」」			
and the second second	/		: 27-Apr-2018
Registration No.	: WB74AU1026	Registration Date	HPT/TO
Description of Vehicle		Purpose For Printing RC	
Dealer's Name & Address	SILIGURI AUTO WORKS P	VT LTD, SEVOKE ROAD, SILI	PRAMILA ROY
Owner Name	HARE KRISHNA ROY	Son/wife/daughter of	AR JALPAIGURI , WEST
Fuil Address: (Permanent)	EKATYASHAL, ANP I.O.C F	Son/wife/daughter of PIPE LINE SMC, BHAKTINAG/	
Full Address: (Fermanent)	BENGAL-735210	PIPE LINE SMC. BHAKTINAG	AR JALPAIGURI -WEST
rui Auuress: (Temperany)	FKATYASHAL, ANP I.O.C	PIPE LINE SMC. BHARTINAG	
Pull Audress. (ICI. porale)	BENGAL-735210		: One Time
Elle He Te	26-Apr-2033	тах UpTo	- Sale Hove this
Fitness UpTo	:2		P. Alection
Owner Serial No			
Detailed Description	THERE	Link Vehicle No	: CTAGE IV
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	BHARAT STAGE IV
Ownership	: INDIVIDUAL : BAJAJ AUTO LTD		: BA131889354
Maker's Name	: BAJAJ A010 L10	Rear HSRP No	+ 03/2018
Front HSRP No	SOLO WITH PILLION	Month/Year of Manuf.	MD2A22EYXJCM19007
Type of Body	: 1	Chassis No	PETROL
No of Cylinders	PDYCJM26913	Fuel	: 220.00
Engine No Horse Power(BHP)	: 18.76	Cubic Capacity	: 1490
Maker's Classification	AVENGER 220 STREET	Wheel base	:0
Seating Cap(in all)	:2	Standing Cap	: 155
Sleepar Cap	:0	Unladen Wt (kgs)	: 285
Colour	: MATTE BLACK	Laden/GV Wt (kgs)	: NO
Cui Ocitoria		AC Fitted	
Vehicle Purchase As	: Fully Built	star cabs (Gro	ss Vehicle Weight)
Additional Particulars	Fully Built of all transport vehicles of	ther than motor cass (cro	
Additional Turdeatare		As Regd.	Latin kas)
By Manuf.	Description	Weig	ht(in kgs)
	Description		
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:		upothecation in favour of	fw.e.f.
The motor vehicle abov	re described is subject to	Sale Amt	· 97280/-
Purchase di	16-ripi = 0.1	Amount/Rept No	
OTT Date	: 12-Apr-2018	Vehicle is Govt./ Pvt.	: PRIVATE
Тах⊎рТо	: One Time	Date of Approval	: 19-May-2022
To Exampled or Not	NOT EXEMPTED	Date of the	
Other State/Transfer/Co	nversion Details	in PeaNo	
	: SUBHOMOY PRAMA	NIK Previous Regito	
Previous Owner		Entry Date	
Old State	31-Mar-2022	Conversion Date	
Transfer Date	01-1101-2022	pr-2033	p and the second
This certificate is valid	from 27-Apr-2018 to 26-A	1909 - 307 DA W.	1-
			4

Signature of Registering Authority Date : 19-May-2022

Date : 19-May-2022 16:43:25 Taxation Particulars / Advance Registration Mark Fee Details

# LICENCED TO DRIVE ALL OVER INDIA CATEGORY X/NT

\* Light Motor Vehicle Medium Goods Vehicle Medium Passenger Motor Vehicle Heavy Goods Vehicle Heavy Passenger Vehicle Autorickshaw/Van Tractor

- Motor Cycle with gear X
- Motor Cycle without gear X

1. Violation of traffic rules and signals

Bud

- 2. Driving dangerously at excessive speed
- 3. Driving without Valid Registration/Tax Permit Insurance.
- Driving without proper and Valid Licence.
   Driving vehicle with exceeding Permissible weight
- 6. Charged of convicted u/s 304 AIPC.
   7. Refused to go on bire while driving a taxi/ autoricksnaw सत्यगेव जयते





	Form 59	
Pollution Under Control Cer Authorised By : Government of West Bengal		
Time : 13 Validity upto : 11	2/05/2023 :41:17 PM /05/2024 8/150	
Certificate SL. No. Registration No.	: WB07301390005073	
Date of Registration	: WB74AU1026	
Month & Year of Manufacturing Valid Mobile Number Emission Norms Fuel PUC Code GSTIN Fees MIL observation	<ul> <li>27/Apr/2018</li> <li>March-2018</li> <li>March-2018</li> <li>******8320</li> <li>BHARAT STAGE IV</li> <li>PETROL</li> <li>WB0730139</li> <li>19AMUPM5910D1ZS</li> <li>Rs.80.00         <ul> <li>(GST to be paid extra as applicate</li> <li>No</li> </ul> </li> </ul>	ole)
Vehicle Photo with Registra	ation plate	3
60 mm x 30 mm	HAT & A	

			111120		
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 (%)	3.0	0.19	
	Hydrocarbon, (THC/HC)	ppm	3000.0	0.0	
	СО	percentage (%)	0.0	0.0	
High Idling emissions	RPM	RPM	2500 ± 200	0.0	
	Lambda		1 ± 0.03	0.0	
Smoke Density	Light absorption coefficient	1/metre			

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

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

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

# digit

# Go Digit General Insurance Ltd.

Digit Two-Wheeler Liability Only Policy

Schedule/Receipt UIN No.: IRDAN158RP0003V01201718



intre .	HARE KRISHNA ROY		Vehicle Registration No.	WB74AU1026	
Idress E	katiyashal and IOC pipe	e line,siliguri,	Partner Name	Direct	
E	3haktingar.jalpaiguri,73	521,Siliguri-734001	Partner Code	1033991	
obile )	xxxxxxxx9644		Partner Mobile No.	9830279697	
nail r	mxxxxxxxxr@wxxxxxn.in		Partner Email	support@godigit.com	
adhar No.			For Claims, contact us at	1800-258-5956	à
OUR POLICY D	ETAILS				and and
olicy No.	D064331461/1305202	2	Policy Issue Date 13-N	May-2022 Invoice No. IA064593	65
2		From	14-May-2022 21:34:03		
Period of Policy		То	13-May-2023 23:59:59	Policy Term 1 Year	
		From		Invoice 13-May-20	022
Period of Policy	y for PA Owner Driver	То		Date 14	
OUR VEHICLE	EDETAILS			6	
RTO location	Siliguri, WEST BENGA	L Make	BAJAJ N	Model/Vehicle AVENGER/220 STRI	EET
	Contraction of the second s			Variant (Sub- ABS	
Engine No,	PDYCJM26913			Type) Year of Regn 2018	
and the second se	Mater Curde	Excel Trans			
Body Type	Motor Cycle	Fuel Type	Petrol	Tear of the generation of the second s	
and the second se	Motor Cycle 2	Fuel Type Cubic Capacity		Year of Mfg	
Body Type Seating	2			3	
Body Type Seating Capacity ENDORSEM	2 ENT	Cubic Capacity	220 CC	3	remium
Body Type Seating Capacity ENDORSEMS Invoice Number	2 ENT er Invoice Date Net P	Cubic Capacity Premium Igst	220 CC Cgst Sgst	Year of Mfg Utgst Cess Gross P	remium 348.74
Body Type Seating Capacity ENDORSEM	2 ENT er Invoice Date Net P	Cubic Capacity Fremium Igst	220 CC	Year of Mfg Utgst Cess Gross P	
Body Type Seating Capacity ENDORSEM Invoice Numb IA064594565	2 ENT er Invoice Date Net P 5 2022-05-13	Cubic Capacity Premium Igst	220 CC Y Cgst Sgst 0.00 102,87 102.87	Utgst Cess Gross P 0.00 0.00 1	
Body Type Seating Capacity ENDORSEM Invoice Numb IA064594565 LIABILITY PF	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(7)</sup>	Cubic Capacity Premium Igst	220 CC 220 CC 25 C Cgst 55gst 100 102,87 102.87 114300 PA cover for	Utgst Cess Gross P 0.00 0.00 1 r Owner-Driver <sup>(1)</sup>	
Body Type Seating Capacity ENDORSEM Invoice Numbri IA064594565 LIABILITY PF Bosic Third-F	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(7)</sup> Party Liability <sup>(7)</sup>	Cubic Capacity Premium Igst 1143.00 (	220 CC 220 CC 25 C gst 55 gst 100 102,87 102.87 1143.00 PA cover for PA cover for PA cover for	Utgst Cess Gross P 0.00 0.00 1 r Owner-Driver <sup>(1)</sup> r Paid Driver 0 (1)	
Body Type Seating Capacity ENDORSEME Invoice Number IA064594565 LIABILITY PF Basic Third-F PA cover for	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(1)</sup> Party Liability <sup>(1)</sup> 2 unamed passengers co	Cubic Capacity Premium Igst 1143.00 (	220 CC Cgst Sgst 0.00 102.87 102.81 1143.00 PA cover for PA cover for Legal Liabilit	Vegr of Mfg Utgst Cess Gross P 17 0.00 0.00 1 r Owner-Driver <sup>(1)</sup> r Poid Driver 0 (1) ity to Paid Driver <sup>(1)</sup>	
Body Type Seating Capacity ENDORSEM Invoice Numbri 1A064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(7)</sup> Party Liability <sup>(7)</sup> 2 unamed passengers co ty to Employees <sup>(7)</sup> n <sup>(7)</sup>	Cubic Capacity Fremium Igst 1143.00 (7)	220 CC Cgst Sgst 0.00 102.87 102.81 1143.00 PA cover for PA cover for Legal Liabilit	Vegr of Mfg Utgst Cess Gross P 87 0.00 0.00 1 r Owner-Driver <sup>(1)</sup> r Paid Driver 0 (1) ity to Paid Driver (1) 1143.00	
Body Type Seating Capacity ENDORSEM Invoice Numbri 1A064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(1)</sup> Party Liability <sup>(1)</sup> 2 unamed passengers ea ty to Employees <sup>(1)</sup> n <sup>(1)</sup> = (t102.87) + SGST/UTGS	Cubic Capacity remium Igst 1143.00 ( ch 0 (t) ch 0 (t) cf @ 9% = (t102.87)	220 CC Cgst Sgst 0.00 102.87 102.81 1143.00 PA cover for PA cover for Legal Liabilit	Vegr of Mfg Utgst Cess Gross P 17 0.00 0.00 1 r Owner-Driver <sup>(1)</sup> r Poid Driver 0 (1) ity to Paid Driver <sup>(1)</sup>	
Body Type Seating Capacity ENDORSEM Invoice Numbri 1A064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(1)</sup> Party Liability <sup>(1)</sup> 2 unamed passengers ea ty to Employees <sup>(1)</sup> n <sup>(1)</sup> = (t102.87) + SGST/UTGS	Cubic Capacity remium Igst 1143.00 ( ch 0 (t) ch 0 (t) cf @ 9% = (t102.87)	220 CC Cgst Sgst 100 102,87 102.87 114300 PA cover for PA cover for Legal Llabilit	Vegr of Mfg Utgst Cess Gross P 87 0.00 0.00 1 r Owner-Driver <sup>(1)</sup> r Paid Driver 0 (1) ity to Paid Driver (1) 1143.00	
Body Type Seating Capacity ENDORSEM Invoice Number IA064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium CGST @ 9%	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(1)</sup> Party Liability <sup>(1)</sup> 2 unamed passengers ea ty to Employees <sup>(1)</sup> n <sup>(1)</sup> = (t102.87) + SGST/UTGS	Cubic Capacity remium Igst 1143.00 ( ch 0 (t) ch 0 (t) cf @ 9% = (t102.87)	220 CC Cgst Sgst 100 102,87 102.87 114300 PA cover for PA cover for Legal Llabilit	Utgst Cess Gross P 0.00 0.00 1 r Owner-Driver <sup>(1)</sup> r Paid Driver 0 (1) ity to Paid Driver (1) 1143.00 205.74	
Body Type Seating Capacity ENDORSEM Invoice Number IA064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium CGST @ 9% Final Premiu OTHER DET	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(7)</sup> Party Liability <sup>(7)</sup> 2 unamed passengers ea ty to Employees <sup>(7)</sup> n <sup>(7)</sup> = (†102.87) + SGST/UTGS um <sup>(1)</sup> FAILS	Cubic Capacity Fremium Igst 1143.00 (7)	220 CC Cgst Sgst 100 102,87 102.87 114300 PA cover for PA cover for Legal Llabilit	Vegr of Mfg.	
Body Type Seating Capacity ENDORSEMS Invoice Number IA064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium CGST @ 9% Final Premiu OTHER DET Previous In	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(7)</sup> Party Liability <sup>(7)</sup> 2 unamed passengers co ty to Employees <sup>(7)</sup> n <sup>(7)</sup> = (t102.87) + SGST/UTGS um <sup>(7)</sup> FAILS isurer	Cubic Capacity remium Igst 1143.00 ( ch 0 (t) ch 0 (t) cf @ 9% = (t102.87)	220 CC Cgst Sgst 0.00 102,87 102.87 1143.00 PA cover for PA cover for Legal Liabilit	Vegr of Mfg.	
Body Type Seating Capacity ENDORSEME Invoice Number IA064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium CGST @ 9% Final Premium OTHER DET Previous Im IMT - Endor	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(1)</sup> Party Liability <sup>(1)</sup> 2 unamed passengers ea ty to Employees <sup>(1)</sup> m <sup>(1)</sup> = (t102.87) + SGST/UTGS um <sup>(1)</sup> rAILS isurer [1] rsements IMT-20, [1]	Cubic Capacity remium Igst 1143.00 ( ch 0 (t) ch 0 (t) cf @ 9% = (t102.87)	220 CC Cgst Sgst 100 102.87 102.87 1143.00 PA cover for PA cover for Legal Liabilit Previous Policy No. Previous Policy No.	Vegr of Mfg.	
Body Type Seating Capacity ENDORSEMS Invoice Number IA064594565 LIABILITY PF Basic Third-F PA cover for Legal Liabilit Net Premium CGST @ 9% Final Premiu OTHER DET Previous In	2 ENT er Invoice Date Net P 5 2022-05-13 REMIUM <sup>(1)</sup> Party Liability <sup>(1)</sup> 2 unamed passengers ea ty to Employees <sup>(1)</sup> a (1) = (t102.87) + SGST/UTGS um <sup>(1)</sup> rAILS isurer resements IMT-20 Unregistered Unregistered	Cubic Capacity remium lgst 1143.00 (1) ch 0 (1) st @ 9% = (102.87) St Back All All All All All All All All All Al	220 CC Cgst Sgst 100 102.87 102.81 1143.00 PA cover for PA cover for Legal Liabilit Previous Policy No. Previous Policy Expiry Date	Vegr of Mfg.            Utgst         Cess         Gross P           37         0.00         0.00         1           r Owner-Driver         (*)             r Poid Driver 0 (*)              1348.74	

#### Other Detidis

Geographical Area: Any liability incurred within India shall be covered subject to Palicy Terms and Conditions, unless specifically agreed and endorsed. Limitation as to use: The palicy covers use of the vehicle for any purpose other than hire or reward, racing, pace making, reliability trial, speed testing and use for any purpose in connection with the Motor Trade. Person or Class of persons entitled to drive: Any person including the Insured. 11 Provided that a person driving holds a valid effective driving license at the time of the accident and is not disqualified from holding or abtaining such a license. 2) Provided also that the person holding a valid effective Learner's License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules. 1989 and any subsequent amendment as applicable. Limits of Liability: 1) Under Section II - 1 (i) of the policy. Death of ar badily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act. 1988 and any subsequent amendment as applicable. 2) Under Section II - 1 (ii) of the policy. Property - (f 6000) 3] P.A. Cover for Owner Driver under Section III (CSI) - (f) (per annum).

PA Owner Driver Declaration The Policy has been issued without Compulsory Personal Accident Cover to Owner Driver on the basis of your declaration that you do not hold a valid Driving License on ar before the date of commencement of this Policy / already have an alternate Personal Accident insurance cover of Rs. 15 Lakhs

Go Digit General Insurance Ltd. Address: Atlantis, 95. 4th 8 Cross Road. Korumangala Industrial Layout, 5th Block, Bengaluru, Komotaka S60095 BDAI Reg. No. 158 Cin U66010PN2016PLC167410, GST Reg. No.: 19AACCO4128Q1ZX. HSN: 997114/General Insurance Service's, GSTN: Address. Kolkota Business Centre Ground Floor, Block C. Apeejay House, 15 Park Street Kolkota, West Bengal PIN-700016 DHOLA NATH BARURI AUTOMOBILE ENGINEER MECHANICAL EXPERT VEHICLE ESTIMETER (COVT. APPROVED) MECH REG. NO. 1120

M/S. B.N. BARURI MECHANICAL EXPERT AND CO. C/O. M/S. ANIL TRADING CO. BEVOKE ROAD, SILIGURI-734 001 DARJEELING (MEST BENGAL GOVT.) REG. NO. L-72044

# MECHANICAL EXAMINATION REPORT

Date. 14-09-2023.

Ref. JIK, P.S., D R, No, 50 50 /2023. Dated. 13-09-2023.

PS : Jaldhaka.Kalimpong.

Case No. / M.A Case No.: 18 / 2023. Dated.09-09-2023.U/S, 279 /304.A.IPC.

Name and designation of the Motor Vehicle

Inspector/Expert: Bholanath Baruri / Automobile Engineer / Mechanical Expert .

Venue and Date of Examination : Jaldhaka Police Station compound on 14-09-2023.

1. Details of the Vehicle, (Attach close view and long view photo)

a. Make	BAJAJ AUTO LTD .
b. Type	AVENGER 220 MOTORCYCLE .
c. Model	2018 .
d. Registration Number	WB 74 AU 1026 .
e. Chassis Number	MD 2 A 22 EYXJCM 19007 .
f. Engine Number	PDYCJM 26913 .
g. Colour	BLACK .

- h. Distinguishing Features (Basically please write if the vehicle can be identified without the registration number like some specific Name / Painting on the Body / Windscreen etc)
  - Nil .

b. Description of damage caused (specify)-

There is no any damage found at the time of examination .

c. Any other point of interest-

Nil .

1	Condition of Brakes (Please attach Photographs) a. Are the brakes OK?	Yes No
1	b. Are they worn out?	Yes No
	c. Whether the brakes show wear and tear due to sudden application of the brakes at the	
	time of accident?	Yes No
	d. Are there signs of brake failure which could have lead	
	to the accident?	Yes No
3.	Condition of Tyres (Please attach Photographs)	
a.	Do the tyres conform to the standards stipulated in MV act 1988?	Yes No
	b. Are the tyres worn out or resoled?	Yes No
	c. Do the tyres reveal any mark of skidding due to sudden deceleration by observing the	
	wear and tear and the groove pattern?	Yes No
	d. Can the condition of the tyres be held responsible for the extra distance covered even	
	after braking?	Yes No
	e. Were the tyres found punctured? If yes specify whether before or after the accident	
	collsion. There is no any puncture found at the time of examinat	Yes No
4.	Condition of Gears - a. Whether the gear lever, gear pinion, gear handle and clutch were in flexible state at	
	the time of accident?	Yes No
	b. Whether these parts are in sufficiently lubricated condition?	Yes No
5.	Condition of Steering -	
	a. Whether steering is adequately mobile?	Yes No
	b. Whether the tie rod is in perfect working condition	Yes NI No
6.	Condition of Lights -	
	a. Whether the Head Light / Fog Light / Indicator of the vehicle are in working	
	w.c0	Yes No
	La life the same due to accident or were faulty even before the accident?	
	Light's are working properly .	
	The same and the second s	

Condition of battery :-What is the Condition of battery? Battery is working properly .

7.

Condition of Rear View Mirrors -

a. Are the Rear view mirrors present inside the vehicle, and both on the left and right

side of the vehicle?

Rear-end conspicuity in cases of rear-end collision (CMVR, 1989, RULE NO. 104) 0

- Wil .
- Condition of Speed Governors:-10.
  - a. Whether speed governor have been installed?
  - b. Are they to operational condion?
  - c. Have they been tampered with?
- Condition of the Wipers-11.
  - a. Were the Wiper operational prior to accident as can be ascertained from the present condition?
- Whether EDR (Even Data Recorder) present or not? 12.
- Whether the joining points of the Axles of the vehicle with the wheels are in proper
- 13.

condition or not?

14. Overloading -

Was the vehicle overload? if yes, further remarks.

Nil .

15.

Any other specific observations to highlight the condition or possible cause of the

From the Technical point of view the cause of accident of the above accident mentioned vehicle appears to be other than mechanical failure .

(3)

Date and time of Examination of the vehicle On 14-09-2023 at about 2.30.P.M. Signature of the Mechanical Expert aparas 4.09.2023 Bhola Nath Baruri Automobile Engineer Mechanical Expert

res [	/	No[	
res [	7	] No	
Yes		No	$\square$

Yes	11L	No	$\square$
Yes		No	$\square$

Yes No

Yes No	
--------	--

P/ Ruo 20/23 SEIZURE LIST 2605 REF :- Jaidlala +1 case no 18/03 di- 09/09/03.4/1- 079 3004 : oglags a tabout of arim. 1. DATE & TIME OF SEIZURE 1+ 00 2. PLACE OF SEIZURE From the possession of- Culip FROM WHOM SEIZED Kon go go par for of Itoling Bazar ps Jaidhalce Mat Icalinpony 4. NAME OF WITNESS (1)Robi to Brudde Jamang of Ray out SI 5206 Sunday Goog pls Joly wish 10 py. (II)Ras 147) mg. Dirloy las shot for of 210 50 block liani har. All ydy non-lackin pong. 5. DESCRIPTION OF SEIZED ARTICLES (: ONC A Veriger 200 Sweet harthy DESCRIPTION OF SEIZED ARTICLES (\* ONC AVONGOY DDD Street hauthy heget WB744U1026, Mothe black in colour . O one orginal briver lice we in the hame of black in colour . O one orginal Basar palen (oday ichasmandu SJ having linence no dis 7520170366542 Valid upto DUJalsz. (\*) One rever copy of featharan Certificate in the hame of flore kyiching low Elp mamile Key of DE ka Hyanel into the pipe line sime shalling Multicritation feiter itmes by Flore with 200 O one orental function for the line of wald upto 300 one friday for the formed for the state of flore kyiching low Elp indentia Key of DE ka Hyanel into the pipe line sime side shalling function feiter itmes by Flore with 100 one for the line for the busing for the second flore for some friday for the state of the second for the second for the form for the busing for the former for the second for the form for the second for the former for the former for the former of second for the former for the former for the former of second for the former for the former for the former of second for the former former for the former for the west of the former for the former former for the former of second for the former for the former former for the second for the former for the former former for the second for the former former for the former former for the second former for the former former for the former former for the former former former for the former of pollution the former for the former former former was a west we to be control for the former former former valid up of the former former former former former former former valid up of the former former former former former former former former former valid up of the former for the former former former former former former former fo 0 Validupit 11/05/2024. ( Seizon as alamat of lip Case ) 6. SIGNATURE OF WITNESS हित तामाइ 日中·· (I)3900313167 (1) J. 12/104 Kar Ag Ribam Lopel. 947547-0566 VIGH PIS MAR (104 09/09/23 SEIZED BY ME



#### M/S. B.N. BARURI MECHANICAL EXPERT AND CO. C/O. M/S. ANIL TRADING CO. SEVOKE ROAD, SILIGURI-734 001 DARJEELING (WEST BENGAL GOVT.) REG. NO. L-72044

Date....14-09-2023.









Bholanath Baruri Automobile Engineer / Mechanical Expert

Bhola Nath Baruri Automobile Engineer Mechanical Expert

#### 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.	18 2.20	
Date	09/09/22 -	- 7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
Under Section	299 304AIPC.	
Police Station	Jaidhalas,	

1.	Date of Accident	69 09 23
2.	Time of Accident	17-10-FM
3.	Place of Accident	sundar your yholny
4.	Offending Vehicle	
	Registration No.	WBAYAY 1026,
	Vehicle Make	BAJAJ AUTOLTD.
	Vehicle Model	AVENUER 220 smeet
5.	Driver of the offending vehicle	
	Name	cudop kai
	Father's Name	ala
	Mobile No.	9475152063-
	Address	
	Driving Licence	Permanen
		Learner's
		Juvenile
		Without License
		Others (Specify)
	Driving Licence No.	WB7320170 366542
	Validity of Licence	1 1.10 ciligan : 24/09 37
	Licensing Authority	LIA filiques
6.	Owner of the offending vehicle	
	Name	Have lovithing hay.
	Father's Name	sloct Nipin Roy
	Mobile No.	RI01799484 7063111010
	Address	with Ektrashed went to with
7.	In case of commercial vehicle	
	Permit details	The second state of the se
	Fitness details	
8.	Insurance Details	A State of the second state of the
and the second second		

BUY .

	Policy No.	Noch 0 211 (1 1315202)			
	Period of Policy	5064331461			
	Name of Insurance Company	J064331461 13152029 18 may 2029			
the second	Address of the Insurance Company	D I HAR DOWLY LIE			
1.00	company	Go nigita Inmony LISI			
9.	Witness(es) to the accident				
	Witness-1: Name	Ritar Icx timmer of the May structure			
	Mobile No.	Calization 1- of 103 and more all			
	Address	Hit a dechage oligity with cpy.			
	Witness-2: Name	Juling time and ford for			
	Mobile No.	Bijoy ICr Unning 987 May Browledy GUITON Endar 4004 PUSAY WALCHY Juling Endar 4004 PUSAY WALCHY. Echan Rai 9011 Rele Bar Rai 9883736738.			
	Address	Sunda yoon July pursey with ICPY.			
	Witness-3: Name	Sanda yoon Strong Pusan in the			
	Mobile No.	Smit leting hung from pay cury up 69			
		Smit leting fung to in particip up by of I to a 6 1191 July Ju Low Jam py Join MM			
	Address	Stoly du Lar fem py John mil			
	Witness-4: Name				
	Mobile No.	Care and a second s			
10.	Address Brief description of the Accident	due to Rach & neglume			
10.		due to Rach & negluance			
10.		one to Rach & negtrance,			
	Brief description of the Accident				
11.	Brief description of the Accident Details of compliance(s)	(FAR)			
11. i.	Brief description of the Accident         Brief description of the Accident         Details of compliance(s)         Date of filing of First Accident Report	(FAR) of Delhi Police			
11. i. ii.	Brief description of the Accident         Brief description of the Accident         Details of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to	(FAR) of Delhi Police the Insurance			
11. i. ii. iii.	Brief description of the Accident         Brief description of the Accident         Date of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to Company	(FAR)       of Delhi Police       the Insurance       AR to the Victim(s)			
11. i. ii. iii. iii.	Brief description of the Accident         Brief description of the Accident         Date of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to Company         Date of delivery of FIR, Form-II and F.	a (FAR)         b of Delhi Police         b the Insurance         AR to the Victim(s)         river			
11. i. ii. iii. iii. v. v.	Brief description of the Accident         Brief description of the Accident         Details of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to Company         Date of delivery of FIR, Form-II and F.         Date of receipt of Form-III from the Dr	a (FAR)         b of Delhi Police         b the Insurance         AR to the Victim(s)         river         wner			
11. i. ii. iii. iv. v. v. v.	Brief description of the Accident         Brief description of the Accident         Date of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to Company         Date of delivery of FIR, Form-II and F.         Date of receipt of Form-III from the Dr         Date of receipt of Form-IV from the Ox         Date of delivery of Form-III and Form-III	(FAR)         of Delhi Police         the Insurance         AR to the Victim(s)         river         wner         -IV to the Insurance			
11. i. ii. iii. iiv. v. v. vi. vii.	Brief description of the Accident         Brief description of the Accident         Details of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to Company         Date of delivery of FIR, Form-II and F.         Date of receipt of Form-III from the Dr         Date of receipt of Form-IV from the Ox         Date of delivery of Form-III and Form-Company	(FAR)         of Delhi Police         o the Insurance         AR to the Victim(s)         river         wner         -IV to the Insurance         IV to the Victim(s)			
11. i. ii. iii. iii. v. v. vi. vii. vii.	Brief description of the Accident         Brief description of the Accident         Details of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to         Company         Date of delivery of FIR, Form-II and F.         Date of receipt of Form-III from the Dr         Date of delivery of Form-III and Form-Company         Date of delivery of Form-III and Form-Company         Date of delivery of Form-III and Form-Company	(FAR)         of Delhi Police         o the Insurance         AR to the Victim(s)         river         wner         -IV to the Insurance         IV to the Victim(s)			
11. i. ii. iii. iii. v. v. vi. vii. vii.	Brief description of the Accident         Brief description of the Accident         Details of compliance(s)         Date of filing of First Accident Report         Date of uploading FAR on the website         Date of delivery of FIR and FAR to Company         Date of delivery of FIR, Form-II and F.         Date of receipt of Form-III from the Dr         Date of delivery of Form-III and Form-Company	(FAR)         of Delhi Police         o the Insurance         AR to the Victim(s)         river         wner         -IV to the Insurance         IV to the Victim(s)			

# 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.	18/23
Date	099923
Under Section	279 2044 1 21-
Police Station	
	dardheley

1.	Date of Accident	090907
2.	Time of Accident	
3.	Place of Accident	13105m
4.	Nature of case	Simple Injury
		Grievous Injury
1 33		Fatal
		Damage/loss of the property
		Any other loss/injury
5.	Registration Number of the offending vehicle	W BAUAU 1020
6.	Owner Details	theme tourist in Pari
1375	Name	Have withing Roy 90 It NIPIN Roy
1.46.3	Address	North Eletrathal warder 40 pl shalet
7.	Driver Details	Cudop Ray
	Name	go G. La.
	Address	
8.	Insurance Details	I rolling Bayar PUJ dy workle Py
	Policy No.	No flip Quillan Language
	Period of Policy	2064231461 13052022
	and the state of the second state of the	13 may 2022
a la seconda de la seconda	Name of Insurance Company	G.O Martal Ismanle Lod.
		DEATH CASE
9.	Name of the deceased	Ran mayy tamag
10.	Father's Name	w/ort Bith dhe Carriete
11.	Age / Date of Birth	H24) UM
12	Date of death	09/09/23.
13	Gender of the deceased	F
14.	Marital status of the deceased	manniel.
15.	Occupation of the deceased	Cincoire 1 kutabry worklen.
16.	If the deceased was employed, give thename and address of the employer	
17.	Income of the deceased	

18.	Whether the deceased was ass Income Tax If yes, file the copy of Income Ta for the last three years		Yes	No					
19.	Whether the deceased was earningmember of the family	the sole	Yes	No	The set of the				
20.	Details of medical treatment gi deceased, prior to death. Giv medical expenses incurred	ven to the edetails of							
21.	scheme If yes, provide details	mployer or under ceatment isurance							
22.	Name, Age, Gender, Relation an	nd Marital	Status of L	egal Represe	ntatives of the deceased	-			
	Name	Age / Date of Birth	Gender	Relation		15			
î.	Robit lamany	54 m	mal	< - 50 v	1 Mamie	1			
ii.	go if Bhudhe	- Andrews				V			
iii.	Robit lawang go it Bhudhe lawey of fundar								
iv.	you by Idi		S. Martine			10			
v.	nort ICPY.		11-1-5-1	C. A. C. P. Market	2 - 25	- 3.			
vi.									
23.	Name, Contact Number and Ad	dress of La	egal Repres	entatives of t	he deceased				
	Name	Contact N	lumber		nt Address as well as rmanent Address				
i.			1						
ii.		15 25	12.			i de la			
iii.		1 29	Sanda James						
iv.		1200		A STATE OF THE OWNER					
v.			Same.	and the					
vi.			1. Territor	1011 2.3					
24.	In case of children below the age of 18 years								
	Child	Details o and cla child	f school iss of the		Approximate expendi of the child	iture			
i.				an and					
ii.			2						
iii.		1.178	1.00						
			- 1	1993					
iv.				Long Links					
iv. v.									
v.		INJURY	CASE						

# FORM-VII

# DETAILED ACCIDENT REPORT (DAR)

Cop	y to Vict	im(s	Officer to Claims Tribunal within ninety (90) days of Accident )/ claimant(s), Driver, Owner, Insurance Company and SLSA *
FIR No.	23		Company and SLSA
Date 09	095	3	
Under Section	229	12	0441 21.
Police Station	JAIC	ú	May.

15

1.	Date of Accident	09 09 23
2.	Time of Accident	19:01 10
3.	Place of Accident	Enter your Jloby .
4.	Nature of Accident	Simple Injury
		Grievous Injury
		Eatal Damage/loss of the property
1 Sal		Any other loss/injury
5.	Offending Vehicle I	Octails
	Registration No.	WBAYAN 1020
1 Startes	Make	Balar AutoLTD.
126.2	Model	Avenger 220 Chief
	Vehicle Type	Motorised 2-wheeler
		Auto
E.C.F.		Car/Jeep/Taxi
		Cycle Rickshaw
		Hand Drawn Cart
		Bicycle
		Tempo/Tractor
	A ANTAL	Truck/Lorry Animal
	and the second	Drawn Cart Bus
		Heavy Articulated Vehicle/ Trolley
-		Not Known
		Other (Specify)
	Vehicle Use Type	Private Vehicle
1 Aller		Commercial Vehicle
		Goods & Carriage
		Garbage Truck
		Taxi/Hired Vehicle
		Public Service Vehicle
		Educational Institute Bus
		Others (Specify)

Driver of offending	
Name	Sudippa
Father's Name	Sudip Ray Spolkning Cy. Ray 9011 ANNI Cy. Ray 9475152063. John Dogan pusch work (C/24. Permanent
Mobile No.	CLO CZITEV P
Address	I toly Doy an pusely work lopy.
Driving Licence	Permanent Learner's Juvenile
	Without License Others (Specify)
Driving Licence No.	W07320170366549_
Validity of Licence	2419/37
Licensing Authority	LA Stiguni
Owner of offending	
Name	Hanc lovisher Ray
Father's Name	Gout NIMM Roy.
Mobile No.	8101799484 7013111010
Address	
Insurance Details of	offending vehicle
Policy No.	2004422140112052022
Period of Policy	12 may 2022
Name of Insurance Company	Go ward infances inc
Whether License has been verified from the Authority. If yes, attach report If no, give reasons	
Whether Driving Licence suspended/ cancelled If yes, give details	
Whether driver injured during the accident If yes, give details	Yes No
Vehicle was	Owner
Driven by	Paid Driver
The second second	Other (Specify)

	Victim(s)	Pedestrian/I	lunter 1	A Long La La	
		Cyclist	o ystunder		
		Two-wheel			
1		In other V			
		10 The second			
		Others (Sp		1000 3.00	and the second s
21.	Name of the	10	DEATH CASE	0	
22.	deceased Age of the deceased	and the second se	april a	nery	
23.	and the second s	(74)	ng		
Read and the	Occupation	entin	m plant	zim w	entern.
24.		Representatives of t	he deceased		
-	N	ame	J	Relationship	Age
	(i) (ohit (0	may -	1 20	ч.	15414
	(ii) 3/012 NA	nother lan	-4	CONTRACT!	
	(iii) of funda	~ your	)		
	iv NUJUY	why WWW			
	(v)	,	1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 -		
1		I	NJURY CASE		a and a second
25.	Name of the inj	ured			
	The state of the				
26.	Age		1.2 C		
27.	Occupation				
28.	Nature of Injur	v	1 2 7 2		
20.	Simple		The second	-	
	Grievous				
29.	Details of Injur				
29.	Details of High	<b>y</b>			
20	Offences Charg	ad			
30.					
	Indian Penal Co	NAME OF TAXABLE PARTY.	r		000011
a.	Section 279	Rash driving or rid	ling on a public v	way	209111.
b.	Section 337	Causing hurt by ac safety of others	t endangering life	e orpersonal	
с.	Section 338	Causing grievous l personal safety of	Causing grievous hurt by actendangering life or personal safety of others		
d.	Section 304-A	Causing death by	negligence		304AIN.
c.	Any other offence				and the second second
	Motor Vehicles	Act, 1988		A Start	
a.	Sections 3/181	Driving without lic	ense	191	morry,
b.	Sections 4/181	Driving by minor			

### FORM- VIII

# SITE PLAN

### By Investigating Officer (through Roads & Highway Engineer) to Claims TribunalAlong with DAR within ninety (90) days of Accident

FIR No. 18	23		
Date Ø	9/09	23	
Under Section	299	31441	P1/
Police Station	JAID	tolu	

1.	Date of preparation of site plan	
2.	Type of collision (collision from)	Hit from back
		Vehicle to pedestrian
		Run-off road
		Vehicle overturn
		Head on collision
		Other (Specify)
3.	Road direction	One-way
		Two-way
		Other (Specify)
4.	No. of lanes	
5.	Width of road	
6.	Place of accident	Fundar from Stolay.
7.	Detailed Site Plan with road and jun	nction name, direction and location of vehicle(s) on the road
8.	Other details	
i.	Area Type	Rural
		Urban
		Sub-urban
ii.	Road Owning Agency	National Highway Under NHAI
		National Highway Under State PWD
		National Highway Under Other Departments
		Corporation Road
		Municipality Road
		Panchayat Union Road

# FORM-IX

# MECHANICAL INSPECTION REPORT

By Investigating Officer (through Motor Vehicle Inspector) to Claims Tribunal Along with DAR within ninety (90) days of Accident

FIR No. 1 A	23		
Date 09			
Under Section	224	30481	pr
Police Station	140	felce	

Date of Mechanical Inspection	oy	110	25.
Name of Motor Vehicle Inspector	Part and		
Registration No. of Motor Vehicle Inspector			the second second second

1.	Vehicle Registration No.				
2	Vehicle Type	Motorized 2-wheeler			
		Auto			
13		Car/Jeep/Taxi			
105		Cycle Rickshaw			
		Hand Drawn Cart			
		Bicycle			
		Tempo/Tractor			
32	a starter and	Truck/Lorry			
1		Animal Drawn Cart			
		Bus			
	The second second	Heavy Articulated Vehicle/ Trolley			
1.		Not Known			
		Other (Specify)			
3.	Vehicle make	BAJA JAUT LTJ			
4.	Model Name	Avenger 220 Smelr			
5.	Colour of vehicle	malter black.			
6.	Engine Number	PD4CJM26913-			
7.	Chassis Number	MD2A22 EYXJCMIGON			
8.	Location of vehicle inspection				
	Accident Site				
	Garage				
	Other (Specify)				

# FORM-X

#### VERIFICATION REPORT

By Investigating Officer to Claims Tribunal Along with DAR within ninety (90) days of Accidentifirough information svallable on VAHAN Database

FIR No 1 C	201	
Daie 09	69 22	
Under Section	20101010101	
Policy Station	Jaidhalm	

1.	Vehicle Registration No.	W BAYAN 1026				
	Validity Period					
2	Engine No.	DDycJM 2dal3				
a	Chassis No.	MD2422 E4XJC 4 19017				
4	Category of Vehicle	kMV/IIMV/MGV Private or Commercial				
X	Vehicle Make & Model					
	Make	BATAF ANTI LIN.				
	Model	BaJAF Aut LID. Anerger 200 strul				
6	Owner Details					
	Name	Hank Construction				
	Address	North Elchiathe versing to	PU Chakl			
	Details of Insurer	Marit Eichra the vorder 40 North Eichra the vorder 40 ralid Hild Blongy 2002 11	WH JP			
	Details of Permit	40, montal alternation				
	Permit No.					
	Validity					
	Details of Fitness Certificate					
	Fitness Certificate No.					
	Validity		-			
	In case record not available, statereasons					
-			and the second se			

S.H.O.A.O

P.J.S./EMPLOYEE N	0. :
Phone N	No. :
P.S.	:
Date	: