

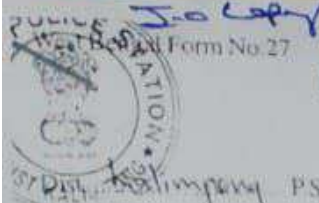


FORM 54

[Sec Rule 150(a) and (2)]

Accident Information Report

1. Name of the Police Station: Reang P.S., Kalimpong.
2. CR. No/Traffic Accident Report: Reang P.S. case no 75/23 Dt 25¹⁰/₂₃
3. Date, time and place of the Accident: on 25.10.23 between 00-30 hrs to 01-30 hrs, P.O. Rungdung river.
4. Name and full address of the injured:
 - ① Prakash Singh (33) s/o Vikrama Singh of panitanki, Khorebani, Darjeeling.
 - ② Sumanta Sarkar (18) s/o Sushanta Sarkar of Chopra, Uttar Dinagpur.
5. Name of the Hospital to which He/She was moved/Removed: Odlabani Rural Hospital, Jalpaiguri.
6. Registration No. of Vehicle and the type the Vehicle: WB-65-C-7475. R.P. big truck.
7. Driving License Particulars: DL no - AR-23 20190000623 Dt of issue 03.2.2019. valid upto 12.5.2024.
8. Name and Address of the Owner of the Vehicle: Kshitish Ghosh s/o Joydeb Ghosh of Babu para, Naxalbari, Darjeeling.
9. Name and Address of the Insurance company with whom the Vehicle was Insured and the particulars of the divisional officers of the said Insurance company: —
10. Policy/ Insurance certificate and the date of validity of the Insurance policy/Insurance certificate policy No.: — Not received.
11. Registration particulars of the Vehicle (Class of Vehicle): Regn date 30.10.18 purpose of printing RC: HPA/HPT/TO.
12. Permit particulars: National permit. Goods carrier.
13. Action taken if any, and the result there of: Investigation proceeding.



FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

1103

Police Station Kalimpong PS Reang Year 2023 FIR No 75/23 Date 25/10/2023
 (i) Act Sections 379/331/332/413 (ii) Act Sections 185

(iii) Act Sections (iv) Others Acts & Sections
 (a) Occurrence of Offence Day 25.10.23 Date From 00:30 Date To 01:30 hrs
 Time Period Wednesday Time From Time To

(b) Information received at P.S. Date 25.10.2023 Time 12:35 hrs

(c) General Diary Reference Entry No. (s) 740 Time 12:35 hrs
 Type of Information Written / Oral

Place of Occurrence (a) Direction and Distance From P.S. Sub East 27 km (approx) Beat No J.L. No-85

(d) Address Rungdung, Mangpong, Pabungtun GP
P.S. Reang, Kalimpong

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

Complainant/Informant (a) Name Ashok Gupta

(b) Father's / Husband's Name Late Shri Shankar Gupta

(c) Date / Year of Birth (d) Nationality Indian

(e) Passport No Date of Issue Place of Issue

(f) Occupation

(g) Address Subash Rally, PS Jangra, Dist - Alipanduan

Details of known / suspected / unknown accused with full particulars

(Attach separate sheet, if necessary): Driver of the vehicle (truck) bearing
Reg. No. WB 55C 7475.

Reasons for delay in reporting by the Complainant / Information N.A.

Particulars of properties stolen / involved (Attach separate sheet, if necessary)
Vehicle (Truck) WB 55C 7475.

Total value of properties stolen / involved

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

FIR Contents (Attach separate sheet, if required) The Original written complain
which is treated as FIR is reproduced overleaf / attached

Action taken: Since the above report reveals commission of offence(s) as mentioned in the case and took up to the investigation / directed ASI Tanu Malik to take up investigation 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.

Signature / Thumb impression of the Complainant/Informant Noted in FIR

Date & Time of dispatch to the court On 26.10.2023
at 10:00 hrs

Signature of the Officer-in-Charge Sub Inspector No 261023

Signature of the Officer-in-Charge Sub Inspector No 261023

Signature of the Officer-in-Charge Sub Inspector No 261023

Signature of the Officer-in-Charge Sub Inspector No 261023

Signature of the Officer-in-Charge Sub Inspector No 261023

Signature of the Officer-in-Charge Sub Inspector No 261023

Date: - 25/10/2023

To,

The Officer-In-Charge
Mongpong Police Camp
P.S. Reang
Dist- Kalimpong.

Sub: - F. I. R

माहोदय,

म अशोक गुप्ता पिता स्व. शिव शंकर गुप्ता
स्वाप्त पत्नी जयगड्डे, थाना जयगड्डे जिल्ला आलिपुराबाद
म वी पत्र मार्फत धौ सूचित गर्दि हु को दिनको
24.10.2023 बेलुकी गाडी संख्या WB-65-C7475 रुमा
सक्ती जस्तै आलू, पत्ता कोवा, गारण लोड गरेर
सिलिगुडी मालागुडी सुपर मार्केट रफ्त जाँदै गर्दा
मडफ. रुठ्ठुड खोलि विषमा राख्ने समय लगभग
12.30 देखि 01.00 बजे उक्त गाडी दुर-धवला

Received on 25.10.23 at 10.20 hrs inside Mongpong ADPC
GDE No-616
On 25.10.23 and
forwarded to OIC Reang
P.S. to start a specific
case.

परि गाडीमा आफ्नै सम्पूर्ण सक्ती क्षती भयो।
साथै गाडी पनि क्षति भएको हे, र त्यसमा आफ्नै
गाडी चालक, र खलासिलार्इ गम्भीर चोट लागेको
हे। र जिल्लाहलार्इ उपचारको निम्ति मडफ. पुलिसको
सहयोगले सिलिगुडी अस्पताल लगिएको हे।
उक्त दुरधवला चल्को लागेको साथै
तेज गतीमा गाडी चलाएको कारण भएको हो।
उक्त धवलाको शक्ति जाँच गरि दोषी उक्त गाडीको
चालकलाई अनुनी कवाही गरिदियाजाओस् भनि चिन्ते
गर्दि हु।

25.10.23.
Officer-in-Charge
MONGPONG ADPC
P.S.-REANG
Dist. KALIMPONG

दफ्तरको विशाल

अशोक गुप्ता



FORM-I

FIRST ACCIDENT REPORT (FAR)

By Investigating Officer to Claim Tribunal
Within 48 hours of the receipt of information of the Accident
Copy to Victim(s), Insurance Company and State Legal Services Authority (SLSA)

File No.	Reang P.S case no. 75/23 Dt 25/10/23
Date	25.10.23
Under Section	UIS-279/337/338/427 IPE
Police Station	Reang P.S, KPLG
1. Date of Accident	25/10/2023

2.	Time of Accident	Between 00:30 to 01:30 hrs
3.	Place of Accident	Kungdung Revert
4.	Source of Information	<input checked="" type="checkbox"/> Driver/Owner <input type="checkbox"/> Victim Witness <input type="checkbox"/> Hospital <input type="checkbox"/> Good Samaritan <input type="checkbox"/> Police <input type="checkbox"/> Others (Specify)
	Name, mobile number & address of the Informant	
	Name	
	Mobile No.	NIL
	Address	
5.	Nature of Accident	<input type="checkbox"/> Injury <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Damage/loss of property <input type="checkbox"/> Any other loss/injury
	Number of Vehicles involved	One
	Whether Registration Number of the Offending Vehicle known	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Whether offending Vehicle impounded by the police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Whether the driver of the offending vehicle found on the spot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Fatalities	
	Number of Injured	02 (Two)
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	Odlabari Rural Hospital
	Address	Odlabari, JPR
	Doctor's Name	
7.	Availability of CCTV Footage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	WB65C-7475
	Driver Details	
	Name of the Driver	PRAKASH SINGH
	Address of Driver	Paritunki, Khariban, DTG
	Mobile No. of Driver	7047909261
	Owner Details	
	Name of the Owner	KSHITISH GHOSH
	Address of Owner	Babu Para, Naxal Bari, DTG
	Mobile No. of Owner	9735142319
	Insurance Details	NOT Produced

	Insurance Policy No.	NOT Produced	
	Period of Insurance Policy	DO	
	Name of Insurance Company	DO	
	Address of Insurance Company	DO	
9.	Details of Victim(s)		
	Name	Decensed /Injured	Address & Contact Details
i.			
ii.			
iii.			
iv.			
v.			
vi.			
10.	Other Accident Details		
i.	Reporting Date & Time	NIL	
ii.	Landmark	NIL	
iii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Deaths
	Drivers	—	—
	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	

Injury report not received

		Institutional Zone Open Commercial Zone School Zone College Zone Other Educational Institutional Zone (Specify) Govt. Institutional Zone Hospital Zone Industrial Zone Harbour Zone <i>Forest Zone</i>
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 ✓

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 Wind/Cold Hot <i>GAD</i> <i>NORMAL</i>
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

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

S.H.O./A.O

Phone No. : 8637091654
P.S. : Mongpong ADPC
Date : 25-10-23



Documents to be attached:

I. Copy of FIR

Images/ Videos to be attached:

- i. Main Resting Place of Vehicle
- ii. Damage to Vehicle
- iii. Damage to Property
- iv. Obstructions of Objects on Road
- v. Junction/ Road Type
- vi. Road Surface
- vii. Skid Marks
- viii. Surroundings
- ix. Any feature which might have contributed to the accident
- x. Other Images
- xi. Other Video





CENTRAL MOTOR VEHICLE RULES
FORM 54
Rule - 150 (1) & (2)
ACCIDENT INFORMATION REPORT

1. Name of the Police Station - Reang P.S., Kalimpong

2. CR No. /Traffic Accident Report - Reang P.S. Case No. 76/23 Dated 30.10.2023 U/S 279/337/338/427 IPC

3. Date, time & place of accident - Dt. 30.10.2023 at around 08:45 HRS at NH17, Near Coronation Bridge, PS Reang, Kalimpong

4. Name & full address of the injured persons - Not Known

5. Name of the Hospital he/she was referred - Oodlabari Rural Hospital, PS Malbazar, Jalpaiguri and Shanti Nursing Home, Siliguri.

6. Registration No. Particulars & the type of the vehicle - WB 73D 9081

a) Description of the vehicle - Ecomet Six-Wheeler

7. Driving license particulars - Not Available

8. Name & address of the owner of the vehicle at the time of the accident - Not Available

9. Name & address of the Insurance Company with whom the vehicle was insured - Not Available

10. Insurance Policy No./Insurance certificate No. and the date of validity of the Insurance policy/
Not Available.

11. Registration particulars of the Vehicle (Class of Vehicle)

a) Registration number: WB 73D 9081

b) Class of vehicle: Goods Vehicle

12. Permit Particulars - Not Available

13. Action taken if any, and the result there of - During investigation I.O. visited the P.O. and seized the vehicle bearing registration number WB 73D 9081 in abandoned condition. The investigation of the case is proceeding.

Submitted

31.10.2023

(ASI Birendra Rai)
Investigating Officer
Mongpong ADPC,
PS Reang, Kalimpong

**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.	76/2023
Date	30.10.2023
Under Section	279/337/338/427 IPC
Police Station	Reang Police Station, Dist. Kalimpong, West Bengal

1	Date of Accident	30.10.2023
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2	Time of Accident	At around 08.45 hrs
---	------------------	---------------------

3	Place of Accident	NH17 near Coronation Bridge, PS Reang, District Kalimpong, West Bengal.
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4	Source of Information	Santosh Pradhan S/O Late Shyam Pradhan of Gyelkhola, PS Reang, District Kalimpong, West Bengal
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Name, mobile number & address of the Informant

Name Santosh Pradhan S/O Late Shyam Pradhan

Mobile No. 8116592937

Address Gyelkhola, PS Reang, District Kalimpong, West Bengal

5	Nature of Accident	Minor Injury/Grievous injury
---	--------------------	------------------------------

Number of Vehicles involved 01 Vehicle

Whether Registration Number of the Offending Vehicle known Yes

Whether offending Vehicle impounded by the police No

Whether the driver of the offending vehicle found on the spot No

Number of Fatalities Nil

Number of Injured 03

6	Details of the Hospital where victim(s) taken	
---	---	--

Hospital Name Oodlabari Rural Hospital, PS Malbazar, Jalpaiguri and Shanti Nursing Home, Siliguri

Address Oodlabari Rural Hospital, PS Malbazar, Jalpaiguri and Shanti Nursing Home, Siliguri

Doctor's Name

10.	Other Accident Details		
i.	Reporting Date & Time	30.10.2023 at 21:15 hrs	
ii.	Landmark	NH17 near Coronation Bridge	
iii.	Severity	Minor/Grievous	
iv.	Count of	Injured	Death
	Drivers		
	Passengers		
	Pedestrians		
	Animal		
v.	Collision Type	Skidding	
vi.	Collision Nature	Run off Road	
vii.	Initial Observation of accident scene	High Speed	
viii.	Weather Condition	Smoke/Dust	
ix.	Light Condition	Day	
x.	Accident Spot	NH17 Forest area	
xi.	Visibility	Less than 25 Meters	
xii.	Load Condition(1)	Empty	
xiii.	Load Condition(2)		
xiv.	Road Classification	National Highway	
xv.	Local Body	Panchayat	

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

I.O

(Signature)
30.10.2023

(ASI Birendra Rai)

Phone No. :9832365744

P.S.: Reang, Dist. Kalimpong

Date:

**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.	76/2023
Date	30.10.2023
Under Section	279/337/338/427 IPC
Police Station	Reang Police Station, Dist. Kalimpong, West Bengal

1	Date of Accident	30.10.2023
---	------------------	------------

2	Time of Accident	At around 08.45 hrs
---	------------------	---------------------

3	Place of Accident	NH17 near Coronation Bridge, PS Reang, District Kalimpong, West Bengal.
---	-------------------	---

4	Source of Information	Santosh Pradhan S/O Late Shyam Pradhan of Gyelkhola, PS Reang, District Kalimpong, West Bengal
---	-----------------------	--

Name, mobile number & address of the Informant

Name Santosh Pradhan S/O Late Shyam Pradhan

Mobile No. 8116592937

Address Gyelkhola, PS Reang, District Kalimpong, West Bengal

5	Nature of Accident	Minor Injury/Grievous injury
---	--------------------	------------------------------

Number of Vehicles involved 01 Vehicle

Whether Registration Number of the Offending Vehicle known Yes

Whether offending Vehicle impounded by the police No

Whether the driver of the offending vehicle found on the spot No

Number of Fatalities Nil

Number of Injured 03

6	Details of the Hospital where victim(s) taken	
---	---	--

Hospital Name Oodlabari Rural Hospital, PS Malbazar, Jalpaiguri and Shanti Nursing Home, Siliguri

Address Oodlabari Rural Hospital, PS Malbazar, Jalpaiguri and Shanti Nursing Home, Siliguri

Doctor's Name



Form No. 27

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

1104

REANG POLICE STATION P.S. Reang Year 2023 FIR No. 76/23 Date 30/10/23
 (i) Act Sections (ii) Act 302 Sections 279/337/338/407
 (iii) Act Sections (iv) Others Acts & Sections
 (a) Occurrence of Offence: Day Monday Date From 30.10.23 Date To
 Time Period 9 around 08.15 hrs Time From Time To
 (b) Information received at P.S. Date 30.10.23 Time 21.15 hrs
 (c) General Diary Reference: Entry No. (s) 881 Time 21.15 hrs
 Type of Information: Written / Oral
 Place of Occurrence: (a) Direction and Distance From P.S. 11 km South West Beat No. 31.25
 (d) Address Near Dagh Pool, NH 17

-(e) In case outside limit of this Police Station, then the

Name of the P.S. District

Complaint / Informant:

(a) Name Santosh Pradhan
 (b) Father's / Husband's Name S/o Shyam Pradhan
 (c) Date / Year of Birth (d) Nationality
 (e) Passport No Date of Issue Place of Issue
 (f) Occupation
 (g) Address G.P. Khola, Dist Kalimpong

Details of known / suspected / unknown accused with full particulars

(Attach separate sheet, If necessary):

Driver of the truck bearing no
 WB 73 D 9081

Reasons for delay in reporting by the Complainant / Information

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

Truck bearing no WB 73 D 9081

Total value of properties stolen / involved

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

FIR Contents (Attach separate sheet, if required)

The original written
 Complaint which is treated
 as FIR is enclosed herewith

Action taken: Since the above report reveals commission of offence(s) as mentioned at item No. 2, registered
 the case and took up to the investigation / directed to take up investigation / refuse
 investigation / transferred to P.S. 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.

Is in the complaint

Signature / Thumb impression
of the Complainant/Informant

Date & Time of dispatch to the court:

Signature of the Officer in Charge Station

Reang Police Station
Dist-Kalimpong

Name S.I. Ongchuk Lepch

Rank S.I. of P.O. No.

Dated - 30/10/2023

To, The officer-in-charge
Mongpong police camp
PS - Reang
Dist - Kalimpong

Sub: F.I.R.

महोदया, म शन्तोष प्रधान पिता श्री स्व. श्याम प्रधान
लेखरबोला बिल्डा - कालिम्पोङ, वसोवास गर्नेथो फा मार्फत
जानकारी दिनु कि 30/10/2023 सोमवारको दिन बिहान 08:15
बजे म आफ्नो घर लेखरबोला जाँदै गर्दा एकटा ट्रक गाडी
नं. WB 7809081 बाँधुल देऊ, NHA मा सिधै नदिमा
खसेर फुरधटना भएको द, र ट्रक गाडीमा चालक साथै
खलासी गरेर 3 जना थिए, जसमा 1 जनालाई गम्भिर
घात लागेको द, र 2 जना साधारण घात लागेको द, र
तिनीहरूलाई माझपौड, पुलिसको सहयोगमा उद्धारगरी
जनालाई सिलीगुडी अस्पताल र अन्य 2 जनालाई
आदलावारी अस्पताल लगीयो।

Received
on 30.10.23
at 19.35 hrs.
vide Mongpong
ADPC/1E/10
721 Dt 30.10.23
and forwarded
to O/C Reang
P.S. to B.K. - Reang
a specific
care.

30.10.23.

Officer-in-Charge
MONGPONG ADPC
P.S. - REANG
Dist. KALIMPONG

उक्त फुरधटना चालकको लापरवाही साथै
उक्त घटनाको सঠिक जांच गरी चालक
माथि कानून कारवाही गरिथोस् भनी निवेदन गर्दछु।

धन्यवाद!

Received vide
Reang PS Case no 881
Dt 30/10/23 & started
Reang PS Case no 76/23
Dt 30/10/23 U/S 273/332
332/422 IV

Officer-in-charge
Reang Police Station
Dist-Kalimpong.

हजुरको विश्वासो
श्रद्धा

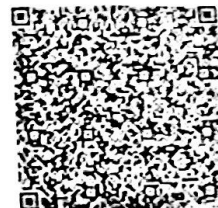
(शन्तोष प्रधान)

Phone - 816592937

Dated - 30/10/2023



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



Registration No. : WB65C7475
Description of Vehicle : GOODS CARRIER
Dealer's Name & Address : DURGA AUTOMART, NH- 34 NALDUBI, P.O.- MANGALBARI, DIST- MALDA, , , -
Owner Name : KSHITISH GHOSH
Full Address: (Permanent) : BABU PARA WEST, NAXALBARI, , DARJILING , WEST BENGAL-734429
Full Address: (Temporary) : BABU PARA WEST, NAXALBARI, , DARJILING -WEST BENGAL-734429
Fitness UpTo : 15-Nov-2024
Owner Serial No : 2

Registration Date : 30-Oct-2018
Purpose For Printing RC : HPA/HPT/TO
Son/wife/daughter of : JAYDEB GHOSH
Tax UpTo : 02-Oct-2023

Detailed Description

Class of Vehicle	: GOODS CARRIER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE IV
Maker's Name	: TATA MOTORS LTD		
Front HSRP No	:	Rear HSRP No	:
Type of Body	: FULLBODY	Month/Year of Manuf.	: 09/2018
No of Cylinders	: 6	Chassis No	: MAT541057J1J26877
Engine No	: ISBE5.91804081J63726215	Fuel	: DIESEL
Horse Power(BHP)	: 177.55	Cubic Capacity	: 5883.00
Maker's Classification	: TATA LPT 3718 CR BS IV 10	Wheel base	: 6750
	X2		
Seating Cap(in all)	: 3	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 12950
Colour	: NP	Laden/GV Wt (kgs)	: 42000
Other Criteria	:	AC Fitted	: NO
Vehicle Purchase As	: Drive Away Chassis		

*Safe Drive Save Life
No Rough Drive*

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

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:	10.00*20 16PR		7000
b) Rear:	10.00*20 16PR		7000
c) Other:	10.00X20-16		7000
d) Tandem:	10.00*20 16PR		21000

The motor vehicle above described is subject to Hypothecation in favour of CHOLAMANDALAM INV. & FIN. CO. LTD, SILIGURI, SILIGURI, , Darjiling , West Bengal-734001 w.e.f. 05-Jul-2023.

Purchase dt	: 03-Oct-2018	Sale Amt	: 3244479/-
OTT Date	: 03-Jul-2023	Amount/Rcpt No	: 5413 / WB73R23070000667
TaxUpTo	: 02-Oct-2023	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 05-Jul-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 30-Oct-2018 to 29-Oct-2033

Date : 05-Jul-2023 14:11:41

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 05-Jul-2023
Registering Authority
Siliguri M.V. Deptt.

MECHANICAL EXAMINATION REPORT

Ref No. Mongpong out Post DR No - 329/23 dt- 25/10/2023

Date: 26/10/2023

Case No./M/A Case No. and Date:- Reary P.B case NO - 75/2023 dt- 25/10/23 U/S - 279/337/338/427 CPC.

Name and designation of the Motor Vehicle Inspector/Expert: Sanjib Roy, Mechanical Expert

Venue and Date of Examination: Mongpong out Post Comptroller on 26/10/2023,

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

- a. Make TATA MOTORS LTD.
- b. Type TRUCK
- c. Model 2018.
- d. Registration Number WB-65-C 7475.
- e. Chassis Number MAT541057J1J26877.
- f. Engine Number ISB E591804081J63726215.
- g. Colour
- 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

2. General Description from outside - Eye View :-

- a. Point of contact between the vehicles and signs of exchange of paint

NIL

- b. Description of damage caused (specify)

Driver cabin / Load body / Cooling system / Filter very damage
chassis are required to be checked after disassembling.

- c. Any other point of interest

NIL

✓
26/10/2023

SANJIB ROY
Mechanical Examiner
Automobile Engineer
Jalpaiguri

Condition of Brakes (Please attach Photograph) :-

- a. Are the brakes OK? Yes ☒ No. ☐
- 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 sings of brake failure which could have lead to the accident ? Yes ☐ No. ☒

4. Condition of Tyres (Please attach Photograph) :-

- 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 make 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 ever after braking? Yes ☐ No. ☒
- e. Were the tyres found punctured? If yes specify whether before or after the accident collision? Yes ☐ No. ☒

5. Condition of Gears :-

- a. Whether the gear lever, gear pinion, gear handle and clutch wire in flexible state at the time of accident? Yes ☒ No. ☐
- b. Whether these parts are in sufficiently lubricated condition? Yes ☒ No. ☐

6. Condition of Steering :-

- a. Whether steering is adequately mobile? Yes ☒ No. ☐
- b. Whether the tie rod is in perfect working condition? Yes ☐ No. ☒

7. Condition of Head Light's :-

- a. Whether the Head Light / Fog Light/ Indicator of the vehicle are in working condition? Yes ☒ No. ☐
- b. If not, is the same due to accident or were faulty even before the accident? Yes ☐ No. ☐

8. Condition of battery :-

- a. What is the Condition of battery?

Battery is not in working condition.

26/10/2023
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?

Yes ☒ No. ☐

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

11. Condition of Speed Governors (Attach Photographs) :-

Yes ☒ No. ☐

- a. Whether speed governor have been installed?

Yes ☒ No. ☐

- b. Are they to operational condition?

Yes ☐ No. ☒

- c. Have they been tampered with?

12. Condition of the Wipers :-

- a. Were the Wiper operational prior to accident as can be ascertained from the present condition?

Yes ☒ No. ☐

13. Whether EDR (Event Date Recorder) present or not?

Yes ☒ No. ☐

14. Whether the joining points of the Axles of the vehicle with the wheels are in proper condition or not?

Yes ☒ No. ☐

15. Overloading :-

Was the vehicle overloaded? if yes, further remarks.

Not Known.


16. Any other specific observations to highlight the condition or possible cause of the accident :-

From the technical point of view it appears to me that the accident occurred due to other than mechanical failure.

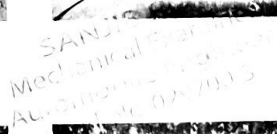
Date and time of Examination of the Vehicle :

26/10/2023 at about 04:00 P.m.

Signature of the Mechanical Expert


SANJIB ROY
Mechanical Examiner
Automobile Engineer
Reg. No. 022700-3

26/10/2023



SEIZURE LIST



Krong P.S Case no-75/23 Dt-25.10.2023 U/S-279/337/338/427

DATE & TIME OF SEIZURE

: On 30.10.2023 in between 8.30hrs to 9.30 hrs.

2. PLACE OF SEIZURE

: Mongpong ADPC compound.

3. FROM WHOM SEIZED

: Prakash Singh, S/o Vikrama Singh
Panitanki, Khariwari, Doojeeling

4. NAME OF WITNESS

(I) Dipak Roy of Mongpong
ADPC, Kalimpang.

(II)

Jaydeb Mandal of Mongpong
ADPC, Kalimpang.

5. DESCRIPTION OF SEIZED ARTICLES :

① One Driving license, NO - AR23 2019 0000623, Date of
Issue - 03.02.2019, Validity - 02.02.2039 - 12.05.2024
Driver's Name - Prakash Singh, S/o Vikrama Singh.

② One insurance certificate, For T.T.A All General
Insurance company Ltd, Policy no - 6300 20396300
Validity - From 00.00 hrs on 24.01.23 to Midnight of
23.01.24, Vehicle bearing no - WB-65C-7475

6. SIGNATURE OF WITNESS

(I) Dipak Roy

(II) 01192 Jaydeb Mandal

On 30.10.23
Asi Tapan Mallik
Mongpong ADPC, KPJ.
SEIZED BY ME

Prakash Singh SM.



UNION OF INDIA Driving Licence

AR23 2019 0000623

Date of issue

03-02-2019

Validity

(NT) 02-02-2039

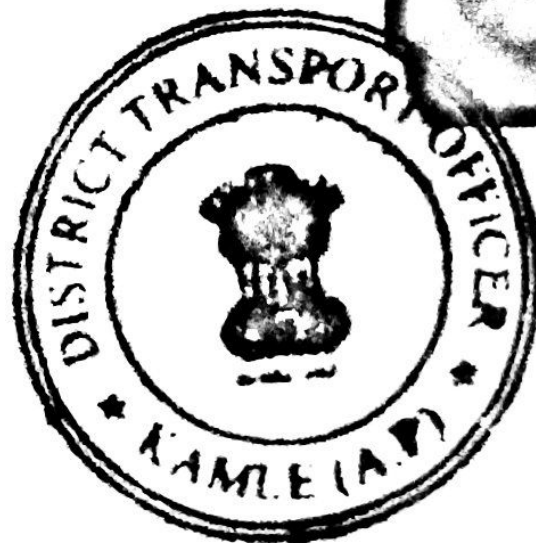
(T) 12-05-2024

Date of Birth

21-05-1990

Blood Group

O+



Name

PRAKASH SINGH

Father's Name

VIKRAMA SINGH

AR23 2019 0000623



LMV
03-02-2019



MCEG
03-02-2019



TRANS
18-02-2011

Present Address

MAIN MARKET RAGA,
RAGA ADC, KAMLE, AR, 791120

Prakash Singh

Holder's Signature

Mobile No.

*****9261

Endorsment Date

14-05-2021

Endorsment No.

AR23 /DRP/0000019/2021

AR

[Signature]
District Transport Officer
District Kamle
D.T.O.
Arunachal Pradesh

From 7 Rule 16[2]

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.

Asi Tapan Malik ✓
S.H.O./I.O.

P.I.S./EMPLOYEE No. : 2007002381

Phone No. : 8637091654

P.S. : Reang P.S.

Date : 30.11.23

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.




SOMNATH. SHARMA

Victim/Family Members/Legal Representatives

Date : 30.11.23

Endorsement Schedule for Auto Secure - Commercial Vehicle Package Policy - Goods Carrying Vehicle

Non Nil Endorsement—

Name and Address of Insured		Policy Number	6300203963 00
		Commercial Class	Goods Carrying Vehicle
Name : KSHITISH GHOSH		Endorsement Number	01
Address : BABU PARA, WEST NAXALBARI, DARJILING, DARJILING, WEST BENGAL, 734429		Date of issue	06/07/2023
		Endorsement Effective Time & Date	19:20 hours & 06/07/2023
		Hypothecation/ Lease to:	CHOLAMANDALAM INV & FIN CO LTD
Period of Insurance			
(Section - I Own Damage) From 00:00 Hours on 24/01/2023 To Midnight of 23/01/2024.			
(Section- II Liability) From 00:00 Hours on 24/01/2023 To Midnight of 23/01/2024			
Customer ID : 6138747511			
Customer GSTIN :			
Place of Supply : WEST BENGAL			
State Code : 19			
Registration Number	Make	Model & Variant	Engine No. & Chassis No.
WB 65 C 7475	TATA MOTORS	LPT 3718 TC BS4	ISBE5.91804081J63726215 & MAT541057J1J26877
Endorsement Reason : Transfer Of Ownership of vehicle-Normal			Endorsement type : NON NIL ENDORSEMENT
Endorsement Remarks : The insurance is transferred to Mr KSHITISH GHOSH w.e.f. 06/07/2023			
Not withstanding anything to the contrary contained in the policy it is hereby agreed and declared that, the policy details are rectified as mentioned below :			
The following (s) are modified			
DESCRIPTION	OLD VALUE	NEW VALUE	
Customer name	MD EBRAUL	KSHITISH GHOSH	
Customer Address	SEKHPURA MATHURAPUR MALDAH WEST BENGAL, MANIKCHAK, MALDA, MANIKCHAK, MALDAH 732202, WEST BENGAL	BABU PARA, WEST NAXALBARI, NAXALBARI, DARJILING 734429, WEST BENGAL	
No Claim Bonus	20	0	
No Claim Bonus	20	0	
Date of sale		05/07/2023	
Subject otherwise to the terms, conditions, exclusions, limitations and warranties attached to the within mentioned policy.			
Endorsement Premium Taxable value		₹	781
UGST/SGST (9%)		₹	70
CGST (9%)		₹	70
Transfer Fees (Including GST)		₹	50
Total Endorsement Premium (Including GST)		₹	921
Note: In the event of dishonor of the cheque, this endorsement automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.			
UIN : IRDAN108RP0050V01201819		In witness whereof this Policy has been signed at MALDA on 06/07/2023	
Agent Name : MD SABIR ALI		For TATA AIG General Insurance Company LTD.	
Agent License No : 29111713			
Agent Contact No : 9733261665			
Policy Servicing Office Name-Code : MALDA - 0458			
GSTIN : WEST BENGAL			
Service Account Code : 997134			
			 Authorized Signatory
			

TATA AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai-400013
24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com website: www.tataaig.com
IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425 PAN: AABCT3518Q UIN: IRDAN108RP0050V01201819

Endorsement Schedule for Auto Secure - Commercial Vehicle Package Policy - Goods Carrying Vehicle

Non Nil Endorsement—

Name and Address of Insured		Policy Number	6300203963 00
		Commercial Class	Goods Carrying Vehicle
Name : KSHITISH GHOSH		Endorsement Number	01
Address : BABU PARA, WEST NAXALBARI, DARJILING, DARJILING, WEST BENGAL, 734429		Date of issue	06/07/2023
		Endorsement Effective Time & Date	19:20 hours & 06/07/2023
		Hypothecation/ Lease to:	CHOLAMANDALAM INV & FIN CO LTD
		Period of Insurance	
Customer ID : 6138747511		(Section - I Own Damage) From 00:00 Hours on 24/01/2023 To Midnight of 23/01/2024.	
Customer GSTIN :		(Section- II Liability) From 00:00 Hours on 24/01/2023 To Midnight of 23/01/2024	
Place of Supply : WEST BENGAL			
State Code : 19			
Registration Number	Make	Model & Variant	Engine No. & Chassis No.
WB 65 C 7475	TATA MOTORS	LPT 3718 TC BS4	ISBE5.91804081J63726215 & MAT541057J1J26877
Endorsement Reason : Transfer Of Ownership of vehicle-Normal			Endorsement type : NON NIL ENDORSEMENT
Endorsement Remarks : The insurance is transferred to Mr KSHITISH GHOSH w.e.f. 06/07/2023			
Not withstanding anything to the contrary contained in the policy it is hereby agreed and declared that, the policy details are rectified as mentioned below :			
The following (s) are modified			
DESCRIPTION	OLD VALUE	NEW VALUE	
Customer name	MD EBRAUL	KSHITISH GHOSH	
Customer Address	SEKHPURA MATHURAPUR MALDAH WEST BENGAL, MANIKCHAK, MALDA, MANIKCHAK, MALDAH 732202, WEST BENGAL	BABU PARA, WEST NAXALBARI, NAXALBARI, DARJILING 734429, WEST BENGAL	
No Claim Bonus	20	0	
No Claim Bonus	20	0	
Date of sale		05/07/2023	
Subject otherwise to the terms, conditions, exclusions, limitations and warranties attached to the within mentioned policy.			
Endorsement Premium Taxable value		₹ 781	
UGST/SGST (9%)		₹ 70	
CGST (9%)		₹ 70	
Transfer Fees (Including GST)		₹ 50	
Total Endorsement Premium (Including GST)		₹ 921	
Note: In the event of dishonor of the cheque, this endorsement automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.			
UIN : IRDAN108RP0050V01201819		In witness whereof this Policy has been signed at MALDA on 06/07/2023	
Agent Name : MD SABIR ALI		For TATA AIG General Insurance Company LTD.	
Agent License No : 29111713			
Agent Contact No : 9733261665			
Policy Servicing Office Name-Code : MALDA - 0458			
GSTIN : WEST BENGAL			
Service Account Code : 997134			



Handwritten Signature
Authorized Signatory



TATA AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai-400013
24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com website: www.tataaig.com
IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425 PAN: AABCT3518Q UIN: IRDAN108RP0050V01201819



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.	Keang P.S case no - 75/2023
Date	25/10/2023
Under Section	U/S - 279/337/338/427 IPC
Police Station	Mongpong ADPC Under Keang P.S

1.	Date of Accident	25/10/2023
2.	Time of Accident	At around - 00.30 hrs
3.	Place of Accident	Rungdung river bridge
4.	Nature of case	<input checked="" type="checkbox"/> Simple Injury <input type="checkbox"/> Grievous Injury <input type="checkbox"/> Fatal <input type="checkbox"/> Damage/loss of the property <input type="checkbox"/> Any other loss/injury
5.	Registration Number of the offending vehicle	WB-65C-7475
6.	Owner Details	
	Name	Kshitish Ghosh
	Address	Babupara, Naxalbari, Darjeeling
7.	Driver Details	
	Name	Prakash Singh
	Address	Panitanki, Kharibari, Darjeeling
8.	Insurance Details	
	Policy No.	630020396300
	Period of Policy	from 00.00hrs on 24.01.23 to 23.01.24 (Mid night)
	Name of Insurance Company	TATA AIG General Insurance Coy Ltd
DEATH CASE		
9.	Name of the deceased	
10.	Father's Name	
11.	Age / Date of Birth	
12.	Date of death	
13.	Gender of the deceased	
14.	Marital status of the deceased	
15.	Occupation of the deceased	
16.	If the deceased was employed, give the name and address of the employer	
17.	Income of the deceased	

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

26.	Father's Name		Susanta Sarkar	
27.	Address of the Injured		Chopra, UHar Dinajpur	
28.	Contact No. of Injured		954796 2767	
29.	Age / Date of Birth		18 years	
30.	Gender of the Injured		Male	
31.	Marital status of the Injured		Un married	
32.	Occupation of the Injured		Helper	
33.	If the Injured was employed, give the name and address of the employer			
34.	Income of the Injured			
35.	Whether Injured assessed to Income Tax <i>If yes, file the copy of Income Tax Returns for the last three years</i>		Yes No <input checked="" type="checkbox"/>	
36.	Nature and description of Injury		Simple cut injury over abdomen	
37.	Medical treatment taken by the Injured		Yes	
38.	Name of hospital and period of hospitalization Hospital Name Period of Hospitalization Doctor's Name		Oodlabari rural hospital Dist - Jalpaiguri	
39.	Details of surgery(s), if undergone			
40.	Whether any permanent disability <i>If yes, give details</i>		Yes No <input checked="" type="checkbox"/>	
41.	Details of the family of the Injured			
	Name	Age / Date of Birth	Gender	Relation
i.	Father - Susanta Sarkar		Male	Father
ii.				
iii.	Not known			
iv.				
v.				
vi.				
42.	In case of children below the age of 18 years			
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child
i.				
ii.				

iii.				
iv.				
v.				
vi.				
43.	Pecuniary Losses suffered			
i.	Expenditure on treatment			
ii.	If treatment is 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 Medclaim policy or under any government cashless treatment scheme or government insurance scheme <i>If yes, provide details</i>		Yes	No
			Not known	
45.	Value of loss/ damage to the property			
46.	Any additional information			
47.	Brief description of the accident			
48.	Compensation claimed			
49.	Hospital details			
i.	PMJAY Empanelled	Yes	No	
ii.	Hospital name	Oodlabari rural hospital		
iii.	State	West Bengal		
iv.	District	Jalpai guri		
v.	Address	Oodlabari		
vi.	Pincode	735222		
vii.	Hospital Type	Government	✓	
		Private		
viii.	Classification (if Government)	Primary Health Centres Community Health Centres ✓ District Hospitals Medical Colleges and Research Institutions		
ix.	Speciality (if Private)	Multispecialty hospital		

		Allergy Anesthesia Bariatric Medicine/Surgery Burn/Trauma Cardiac Catheterization Cardiology Cardiovascular Surgery Dermatology Electrophysiology Emergency Medicine Endocrinology Family practice Gastroenterology General Surgery Geriatrics Gynecology/oncology Hematology/oncology Hepatobiliary Hospitalist Infectious Disease Internal medicine Interventional radiology Medical genetics Neonatology Neuroradiology Neurology Neurosurgery Nuclear medicine Obstetrics & Gynecology Occupational Medicine Ophthalmology Oral Surgery Orthopedics Otolaryngology / Head & Neck Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine
		Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENI
x.	Mobile	
xi.	National Identification Number (NIN)	
xii.	Landline	
xiii.	E-Mail	
xiv.	Username	
xv.	Password	
xvi.	Retype Password	
xvii.	Hospital Location	

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	
iii.	Time of Arrival	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	Male Female TG
viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	Father Guardian
x.	Relation (if Female)	Father Mother Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	Identification Mark 2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	

i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag / Triage	Red Yellow 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	
x.	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

x.	Treatment	Surgical Management Conservative Management
xvi.	Opinion Obtained	Cardiac Opinion ENT Opinion Gastro General Physician General Surgeon Internal Medicine Neurosurgeon Ophthalmology Ortho
xvii.	X Rays Done	Head/Skull Cervical Spine Thoracic spine Lumbar spine Chest Abdomen/pelvis Kidney, Ureter & Bladder Upper Limb Lower Limb X Ray Not done X Ray Not Needed Not recorded or Inadequately described
xviii.	CT Scan	Head/Skull Spine Chest Abdomen/pelvis Other CT Scan Not done CT Scan Not Needed Not recorded or Inadequately described Doppler ultrasound Fast extended focused Ultra Scan
xix.	Emergency Department Disposition	Discharged Home Left against medical advice Ward Transferred to another hospital Operation theatre Intensive care unit Died in Emergency Disposition Brought Dead
52.	History as stated by the Injured	
53.	Details of Injuries	
54.	Discharge Summary	
i.	Name of the doctor	
ii.	Doctor Regn No.	
iii.	Condition at admission	
iv.	Results of clinical investigation if any	
v.	Injuries diagnosed other than those noted in the Wound Certificate, if any	

vi.	Details of treatment given, including those of surgical and other procedures if any	
vii.	Condition at discharge	
viii.	Advice given at the time of discharge regarding further treatment if necessary	
ix.	Remarks if any	
55.	Drunkenness Certificate	
i.	Whether under arrest or not	Yes No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered 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 stand upright
xiv.	Finger nose test	Positive Negative
xv.	Romberg's sign	Positive Negative
xvi.	Special examination (Blood & urine)	Preserved Not Preserved
xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings / Injuries on the body	
56.	Postmortem Certificate	
i.	Alleged cause of death as per inquest	
ii.	Assisted by	
iii.	Medical Officer	
iv.	Remarks if any	

Documents to

be submitted In

Death Cases:

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

document Other documents to be submitted

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

Verification:

Verified at Moumpeng on this 29.12.23 day of Kalimpang that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals.

Name and signature of the injured/legal representative of deceased			
S. No.	Name	Signature	Photograph
1.			
2.			
3.			
4.			

FORM-VII

DETAILED ACCIDENT REPORT (DAR)

By Investigating Officer to Claims Tribunal within ninety (90) days of Accident
Copy to Victim(s)/ claimant(s), Driver, Owner, Insurance Company and SL/SA

FIR No.	Reang P.S case no. 75/23
Date	25.10.23
Under Section	U/S-279/337/338/427 IPC
Police Station	Mongpong ADPC Under Reang P.S.

1.	Date of Accident	25.10.23
2.	Time of Accident	00.30hrs
3.	Place of Accident	Rungdung river bridge
4.	Nature of Accident	Simple Injury Grievous Injury ✓ Fatal Damage/loss of the property Any other loss/injury
5.	Offending Vehicle Details	W
	Registration No.	WB65C 7475
	Make	wood & metal
	Model	Big truck
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor ✓ Truck/Lorry Animal ✓ Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
	Vehicle Use Type	Private Vehicle Commercial Vehicle ✓ Goods & Carriage ✓ Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)

6.	Driver of offending vehicle		
	Name		Prakash Singh
	Father's Name		Vikrama Singh
	Mobile No.		7047709261
	Address		Puritanaki, Kharibari, Dargajing
	Driving Licence	Permanent <input checked="" type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify) <input type="checkbox"/>	
	Driving Licence No.		AR2320190000623
	Validity of Licence		12.05.24
	Licensing Authority		Kamle (A.P)
7.	Owner of offending vehicle		
	Name		Kshitish Ghosh
	Father's Name		Jaydeb Ghosh
	Mobile No.		9735142319
	Address		Naxalbari, Dargajing
8.	Insurance Details of offending vehicle		
	Policy No.		630020396300
	Period of Policy		24.1.23 to 23.1.24 23.59.59
	Name of Insurance Company		TATA AIG
9.	Whether License has been verified from the Authority. If yes, attach report If no, give reasons	Yes No	
10.	Whether Driving Licence suspended/ cancelled If yes, give details	Yes No	
11.	Whether driver injured during the accident If yes, give details	Yes <input checked="" type="checkbox"/> No	
12.	Vehicle was Driven by	Owner <input type="checkbox"/> Paid Driver <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>	

13.	Whether the Driver was driving under the influence of alcohol/ drugs <i>Whether findings based on scientific report. If yes, give details</i>	Yes No <input checked="" type="checkbox"/>	
14.	Whether driver carrying mobile phone at the time of accident <i>If yes, give details of Mobile</i>	Yes No <input checked="" type="checkbox"/>	
	Mobile No.		
	IMEI No.		
	Make & Model		
15.	Whether driver previously involved in motor accident case(s) <i>If yes, whether case pending or decided by MACT? Give details of The FIR and MACT case</i>	Yes No	
16.	In case of commercial vehicle		
	Permit details		National permit-
	Fitness details		upto - 15-11-2024
17.	Whether Permit and Fitness have been verified from the Authority <i>If yes, attach report</i> <i>If no, give reasons</i>	Yes No	
18.	Whether the Owner reported the accident to the Insurance Company <i>If yes, give date</i>	Yes No	
19.	In case the driver fled from spot, whether the owner produced the driver before the police <i>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</i>	Yes No	
Victim(s) details			

20.	Victim(s)	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)		Handy boy
DEATH CASE				
21.	Name of the deceased			
22.	Age of the deceased			
23.	Occupation			
24.	Details of Legal Representatives of the deceased			
	Name	Relationship	Age	
	(i)			
	(ii)			
	(iii)			
	(iv)			
	(v)			
INJURY CASE				
25.	Name of the injured	Prakash Singh (33) Sumanta Sarkar (18)		
26.	Age			
27.	Occupation	Driver & handy boy		
28.	Nature of Injury	Simple		
	Simple	✓		
	Grievous			
29.	Details of Injury			
30.	Offences Charged			
	<u>Indian Penal Code, 1860</u>			
a.	Section 279	Rash driving or riding on a public way	✓	
b.	Section 337	Causing hurt by act endangering life or personal safety of others	✓	
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others	✓	
d.	Section 304-A	Causing death by negligence		
e.	Any other offence	427 IPC		
	<u>Motor Vehicles Act, 1988</u>			
a.	Sections 3/181	Driving without license		
b.	Sections 4/181	Driving by minor		

c.	Sections 5/180	Allowing unauthorized person to drive	
d.	Section 182	Offences relating to licenses	
e.	Sections 56/192	Without fitness	
f.	Sections 66(1)/192A	Without permit	
g.	Sections 112/183(1)	Over speeding	
h.	Sections 113/194	Over loading	
i	Sections 119/184	Jumping red light	
j.	Sections 119/177	Violation of mandatory signs(One way, No right turn, No left turn)	
k.	Sections 122/177	Improper/ obstructive parking	
l.	Sections 146/196	Without insurance	
m.	Section 177/Rules of Road Regulation 17(1)	Violation of "One way"	
n.	Section 194(1A)/ Rules of Road Regulation 29	Carrying High/Long Load	
o.	Section 184/ Rules of Road Regulation, rule 6	Violation of "No overtaking"	
p.	Section 177/Central Motor Vehicles Rules, 1989 Rule 105	Without light after sunset	
q.	Section 179	Disobedience of orders,obstruction and refusal of information	
r.	Section 184	Driving dangerously	
s.	Section 184	Using mobile phone while driving	

t.	Section 185	Drunken driving/ drugs	
u.	Section 186	Driving when mentally or physically unfit to drive	
v.	Section 187	Violation of Sections 132(1)(a), 133 & 134	
w.	Section 190	Using vehicle in unsafe condition	
x.	Section 194A	Carrying more passengers than authorized	
y.	Section 194B/ Central Motor Vehicles Rules, 1989 Rule 138(3)	Driving without a safety belt	
z.	Section 194 C	Penalty for violation of safety measures for motorcycle driver and pillion rider	
a.a	Section 194 D	Penalty for not wearing protective headgear	
b.b	Section 194 E	Failure to allow free passage to emergency vehicles	
c.c	Section 194 F	Using the horn unnecessarily or in places where it is prohibited	
d.d	Section 197	Taking vehicle without authority	
e.e	Section 199A	Offence committed by juveniles	
f.f	Any other offence		
31.	Detailed description of the Accident		
32.	Direction(s) required from the Claims Tribunal		
i.	The driver of the offending vehicle has not furnished Form-III/has furnished incomplete Form-III, despite letter(s) dated [Copy (s) attached]. The driver be directed to furnish the Form-III before this Tribunal within 15 days.		
ii.	The owner of the offending vehicle has not furnished Form-IV/ has furnished incomplete Form-IV, despite letter(s) dated.....[Copy (s) attached]. The owner may be directed to furnish the Form-IV before this Tribunal within 15 days.		

iii.	The victim(s) of the accident has/have not furnished Form-VI/ Form-VIA/ has furnished incomplete Form-VI/ Form-VIA, despite letter(s) dated..... [Copy (s) attached]. The victim may be directed to furnish the Form-VI/ Form-VIA before this Tribunal within 15 days.		
iv.	The Registration Authority has not given the Verification Report despite letter(s) dated.....[Copy (s) attached]. The Registration Authority be directed to furnish the Verification Report directly before this Tribunal within 15 days.		
v.	The Hospital has not given the MLC/ Post Mortem report despite letter(s) dated [Copy (s) attached]. The Hospital be directed to furnish the above-mentioned documents directly before this Tribunal within 15 days.		
33.	Documents to be attached		
	Document	Attached	Not Attached
i.	FIR		
ii.	Form-I - First Accident Report (FAR)		
iii.	Form-II - Rights of Victim(s) and Flow Chart		
iv.	Form-III - Driver's Form along with documents submitted		
v.	Form-IV - Owner's Form along with documents submitted		
vi.	Form-V - Interim Accident Report (IAR) along with documents submitted		
vii.	Form-VI- Victim's Form along with documents submitted		
viii.	Form-VIA - Details of minor children of the Victim along with documents submitted		
ix.	Form-VII- Detailed Accident Report (DAR)		
x.	Form-VIII - Site Plan		
xi.	Form-IX - Mechanical Inspection Report		
xii.	Form-X - Verification Report		
xiii.	Form-XI - Insurance Form along with documents submitted		
xiv.	Photographs of the scene of accident from all angles		
xv.	Photographs of all the vehicles involved in the accident from all angles		
xvi.	CCTV Footage of the accident		

FORM- VIII**SITE PLAN**

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

FIR No.	Reang P.S case no-75/23 Dt
Date	25.10.23
Under Section	UIS - 279/337/338/429 IPC
Police Station	Mong Pong ADPC Under Reang P.S

1.	Date of preparation of site plan	
2.	Type of collision(collision from)	Hit from back Vehicle to pedestrian Run-off road <input checked="" type="checkbox"/> Vehicle overturn Head on collision Other (Specify)
3.	Road direction	One-way <input checked="" type="checkbox"/> Two-way Other (Specify)
4.	No. of lanes	02
5.	Width of road	near 16'
6.	Place of accident	Rungdung river bridge
7.	Detailed Site Plan with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	Rural <input checked="" type="checkbox"/> Urban Sub-urban
ii.	Road Owning Agency	National Highway Under NHAI <input checked="" type="checkbox"/> National Highway Under State PWD National Highway Under Other Departments Corporation Road Municipality Road Panchayat Union Road Panchayat Road

iii.	Type of Structure	Normal Road Grade Road Over Bridge Culvert Road Under Bridge <input checked="" type="checkbox"/> River Bridge Vehicular Under Pass Limited Use Subway Causeway
iv.	Type of Road Surface	<input checked="" type="checkbox"/> Bituminous / Asphalt Water Bound Macadam (WBM) / Metalled Roads Paver Block Road Gravel Road Murrum Road Earthen/Kutch Road
v.	Surface Condition	Good Revealing Loose Flooded Slippery/ Oily Muddy
		Corrugated / Wavy road Pot Holes Snowy Road Under Repair No Influence on Accident
vi.	Type of Carriageway	Single Lane (1 Way) <input checked="" type="checkbox"/> Single Lane (2 Way) Immediate Lane 2 Lane (1 Way) 2 Lane (2 Way) 3 Lane (1 Way) 3 Lane (2 Way) 4 Lane Undivided (2 Way) 4 Lane divided (2 Way) 6 Lane Undivided (2 Way) 6 Lane divided (2 Way) 8 Lane divided (2 Way)

vii.	Accident Location	Straight Road At Junction Nearby Junction <input checked="" type="checkbox"/> Horizontal Curve Vertical Curve Nearby Bus Stop
viii.	Horizontal Curve	<input checked="" type="checkbox"/> Simple Curve Compound Curve Reverse Curve Deviation Curve Transition Curve
ix.	Vertical Curve	Symmetrical Crest / Summit Vertical Curve Unsymmetrical Crest / Summit Vertical Curve Symmetrical Sag Vertical Curve Unsymmetrical Sag Vertical Curve
x.	Junction Type	Round about Staggered Y-Junction Four-arm Square Junction More than Four-arm Elevated Junction (3-arm/4-arm) Four-arm Cross Junction
		Guarded Level Crossing Unguarded Level Crossing T-Junction
xi.	Junction Control	No Control Flashing Signal Give Way Sign Stop Sign Traffic Signals Manned Control
xii.	Sight Distance	Available to Junction <input checked="" type="checkbox"/> Available to Curve Straight Reach Not Applicable
xiii.	Speed Limit	<input checked="" type="checkbox"/> Below 40 40 – 60 60 – 80 80 – 90 Above 90 Not Available

xiv.	Road Margins	Shoulders Pedestrian / Cycle Track Bus Bay Guard Rails / Crash Barriers Service Lane Parking Lane <input checked="" type="checkbox"/> Not Applicable
xv.	Type of Terrain	Plain Terrain (0 to 10%) Rolling Terrain (10 to 25%) Mountainous Terrain (25% to 60%) Steep Terrain (Above 65%)
xvi.	Type of Surface Gradient	Ruling Gradient Limiting Gradient Minimum Gradient Floating Gradient Exceptional Gradient Average Gradient
xvii.	Physical divider / Barrier	<input checked="" type="checkbox"/> Yes No
xviii.	Type of Median	Depression / Flush Median <input checked="" type="checkbox"/> Crash Barrier Flexible / Portable Divider Concrete Divider Raised Median with Anti-Glare Measures Raised Median without Anti-Glare Measures Kerb Median
xix.	Pedestrian Infrastructure	Footpath Footpath with Guard Rail Signalized Zebra Crossing Un Signalized Zebra Crossing Signalized Mid-Block Zebra Crossing Unsignalized Mid-Block Zebra Crossing Foot Over Bridge Subway Tabletop Crossing Not Applicable
xx.	Ongoing Road Work	Yes <input checked="" type="checkbox"/> No
xxi.	Road Markings	<input checked="" type="checkbox"/> Available Faded Not Available

xxii.	Road Sign Board	<input checked="" type="checkbox"/> Available and Reflective <input type="checkbox"/> Available and Non Reflective <input type="checkbox"/> Not Available
xxiii.	Factors of Road Accident	<input type="checkbox"/> Road Obstructions <input type="checkbox"/> Uneven Road Surface <input type="checkbox"/> Slippery Road Surface <input checked="" type="checkbox"/> Narrow Width <input type="checkbox"/> Non Provision of Parapets / Crash Barrier <input type="checkbox"/> Inadequate Sight Distance <input type="checkbox"/> Illegal Parking / Abandoned Vehicle <input type="checkbox"/> Road / Building Construction Work <input type="checkbox"/> Blind Curve <input type="checkbox"/> Not Applicable

S.H.O./I.O. ✓

P.I.S./EMPLOYEE No. : 2007002381

Phone No: 9837091654

P.S. : Reang P.S

Date : 30.1.24

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.	Reang P.S case no - 75/23
Date	25.10.2023
Under Section	U/S - 279/337/338/427 IPC
Police Station	Mong Pong ADPE Under Reang P.S

Date of Mechanical Inspection	30.10.23
Name of Motor Vehicle Inspector	Gri-Sanjib Roy
Registration No. of Motor Vehicle Inspector	029700-3

1.	Vehicle Registration No.	WB65C-7475
2.	Vehicle Type	Motorized 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry ✓ Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
3.	Vehicle make	9/2018
4.	Model Name	Heavy truck
5.	Colour of vehicle	NP
6.	Engine Number	ISBES.91804081J63726215
7.	Chassis Number	MAT541057J1J26877
8.	Location of vehicle inspection	
	Accident Site	
	Garage	
	Other (Specify)	✓

9.	In case of Commercial Vehicle	
	Details of Fitness	upto 15.11.24
	Details of permit	National permit
10.	Evidence of Impact 1 (Paint Transfer)	
	Paint Transfer found	Yes No
	Colour of Paint Transfer	
	Location of Paint Transfer	
11.	Evidence of Impact 2 (Scratch marks/ Others)	
	Type of scratch	
	Location of scratch	
12.	Point of Impact	
13.	Mechanical condition of Vehicle	
	Steering	
	Wheels	
	Wipers	
	Mirrors	
	Others	✓
14.	Whether vehicle modified by	
	Installing CNG/LPG Kit	
	Change of vehicle body	
15.	Condition of Tyres	Original ✓ Retreaded
16.	Horn	
	Whether installed	Yes No
	If yes, whether functional	Yes No
17.	Brake lights & other lights functional	Yes No
18.	Whether vehicle had faulty number plate	Yes No
19.	Status of Airbags	
	Whether the vehicle fitted with airbags	Yes No
	If yes, whether airbags were deployed	Yes No
20.	For educational institution bus, whether the vehicle was fitted with the doors that can be shut & whether the vehicle had a suitable inscription to indicate that they are in the duty of an educational institute	
21.	Whether vehicle had tinted glasses	Yes No
22.	Speed Limiter Devices in cases of PSVs (Commercial Vehicles)	
	Whether vehicle fitted with Speed Limiter	Yes No
	If yes, whether functional	Yes No

23.	Parking Sensors	
	Whether Rear Parking Sensors installed	Yes No
	If yes, whether functional	Yes No
24.	Vehicle Location Tracking (VLT) Devices	
	Whether installed	Yes No
	If yes, whether functional	Yes No
25.	Description of damage (including internal & external damage and estimated cost of damage)	
26.	Other details	
i.	Vehicle Category	Motorized Non-motorized
ii.	Registration Number Status	Known ✓ Unknown Without Registration
iii.	Registration Number Status	Permanent Registration No. ✓ Temporary Registration No. Trade Certificate No. None Obtained
iv.	Load Category	Passengers Goods ✓
v.	Year of Manufacture	09/2018
vi.	Age of vehicle	05 years something
vii.	Vehicle Description	Transport Vehicle ✓ Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	24.8.2023 to 23.8.24
ix.	Tax Details	UP to - 2.10.23
x.	Seat Capacity	02
xi.	Insurance Company	TATA AIG
xii.	Disposition	Can be driven away Need to be towed Cannot be towed
xiii.	Manoeuvre at Accident	Turning Right Turning Left Overtaking from left Making U turn Going ahead overtaking Going ahead not overtaking Parked Reversing

		<p>Sudden Start</p> <p>Starting from off side</p> <p>Starting from near side</p> <p>Sudden Stop</p> <p>Merging</p> <p>Diverging</p> <p>Stationary</p> <p>Using Private Entrance</p> <p>Parking Vehicle</p> <p>Temporarily Held Up</p>
xiv.	Vehicle Damage	<p>Rear Damage</p> <p>Front Damage ✓</p> <p>Top Damage</p> <p>Left Damage</p> <p>Right Damage ✓</p> <p>Multiple</p> <p>Damage No</p> <p>Damage</p> <p>Total Damage</p>
xv.	Accused/ Victim	<p>Accused Vehicle ✓</p> <p>Victim Vehicle</p> <p>Not Known</p>
xvi.	Brake Type	<p>Air Brake ✓</p> <p>Hydraulic</p> <p>Mechanica</p> <p>l</p> <p>Vaccum Assisted Hydraulic Brake</p>
xvii.	Condition of Brake	<p>Air Brake</p> <ul style="list-style-type: none"> • Satisfactory ✓ • Want of air • Leakage of air • Worn out parts <p>Hydraulic</p> <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid <p>Mechanical</p> <ul style="list-style-type: none"> • Satisfactory • Worn out parts • Lack of Lubrication

		<ul style="list-style-type: none"> Slackness in adjustment Vaccum Assisted Hydraulic Brake <ul style="list-style-type: none"> Satisfactory Want of fluid Leakage of fluid Want of air Leakage of air Worn-out parts
xviii.	Condition of Foot Brake	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive
xix.	Condition of Hand Brake	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive
xx.	Brakes Even or Not	<input type="checkbox"/> Even <input type="checkbox"/> Not even
xxi.	Mechanical Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No
xxii.	Tyre Condition	Worn Out In Order Remoulded Original <input checked="" type="checkbox"/> Satisfactory Bald Wear Bead Separation Belt Separation Bent Bead Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect Cracking Between Tread Flat Spot Wear One side wear Sidewall Bubble Tread Separation Mushroomed Tread Rapid Shoulder Wear Rapid Centre Wear Tyre Burst/Blowouts Cupping / Scalloped Wear Damaged Bead Sidewall Tear

		Sidewall Wear
xxiii.	Mechanical	Wornout parts Lack of lubrication Defective parts Slackness in adjustment
xxiv.	Vehicle Defect Type	No defect Bald tyre Brakes Head Lights Steering Tyre puncture Multiple defects None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect Opinion cannot be given None of the above
xxvi.	Steering Type	Electronic Hydraulic Mechanical
xxvii.	Steering Condition	Free Not Working Working In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes No
xxx.	Whether Rear Parking Sensors Installed	Yes No
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found ✓
xxxii.	Damage Status	Rear Damage Front Damage ✓ Top Damage Left Damage Right Damage ✓

		Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes No
xxxiv.	Run Protection Device and Side Under Run Protection Device	Yes No
xxxv.	Bull Bars	Yes No
xxxvi.	Reflective Tapes	Yes No
xxxvii.	Wind Screen Safety	Yes No
xxxviii.	Track Mark	Yes No
xxxix.	Check Report Issued?	Yes No

1. Photographs of the
vehicle Images/ Videos to be
attached:

1. Main Resting Place of Vehicle
2. Damage to Vehicle
3. Damage to Property

Motor Vehicle

InspectorDate : _____

FORM-X**VERIFICATION REPORT**

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

FIR No.	Reang P.S CASE no 75/23 Dt- 25.10.23
Date	25.10.2023
Under Section	U/S-279/337/338/427 IPC
Police Station	Mongpong ADPC Under Reang P.S.

1.	Vehicle Registration No.	WB65C-7475
	Validity Period	30.10.18 to 29.10.2033
2.	Engine No.	ISBES.91804081 1 J63726215
3.	Chassis No.	MAT541057J1J26877
4.	Category of Vehicle	LMV/HMV/MGV
		Private or Commercial ✓
5.	Vehicle Make & Model	
	Make	TATA MOTOR
	Model	Heavy truck
6.	Owner Details	
	Name	Kshitish Ghosh
	Address	Naxalbari, Babupara, Darjeeling
7.	Details of Insurer	TATA AIG General
8.	Details of Permit	
	Permit No.	National permit
	Validity	
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	15.11.2024
10.	In case record not available, state reasons	

✓
S.H.O./I.O.
P.I.S./EMPLOYEE No. : 2007002381
Phone No. : 8637091654
P.S. : Reang P.S.
Date : 30.1.24