

FORM 54

[See rule 150 (1) and (2)]

ACCIDENT INFORMATION REPORT

1. Name of the police station : **Kalimpong PS.**
2. CR No. /Traffic accident report : **Kalimpong PS Case No. 01/24 Dtd. 02.01.2024**
U/S 279/337/338 IPC.
3. Date, time and place of the accident : On 02.01.2024 at around 11.20 hrs near the
road DI Fund Forest Office Teesta under
Kalimpong PS 15 Km East J.L. No. 50.
4. Name and full address of the Injured/deceased : **Injured Person namely 1) Nima
Tamang (31yrs) S/O- Thulobhai
Tamang of Lakh Gaon,
Upper Chekra Khasmahal Busty,
PS- Rangli Rangliot, Dist.
Darjeeling.**
**2) Sahil Tamang (18yrs) S/O- Sujit
Tamang of Takling Busty, PS-
Rangli Rangliot, Dist. Darjeeling.**
5. Name of the hospital to which he/she was removed : **Kalimpong District Hospital,
Kalimpong.**
6. Registration number of vehicle and the type of the vehicle : **Pulsar 180 Blue coloured Motorcycle,
Registration No. WB 74 Z 5040.**
7. Driving licence particulars:
 - (a) Name and address of the driver : **Nima Tamang (31yrs) S/o Thulobhai
Tamang of Lakh Gaon, Upper Chekra
Khasmahal Busty, PS- Rangli Rangliot,
Dist. Darjeeling.**
 - (b) Driver licence number and date of expiry : **Driviing Licence No. WB 76 20230004266,
Expiry 12.10.2033.**
 - (c) Address of the issuing authority : **Government of West Bengal.**
 - (d) Badge No. in case of public service vehicle : **NA**
8. Name and address of the owner of the vehicle at the time of the accident : **Subham Rai, S/o S.K. Rai of Kabirdhura,
Jinglam Tea Estate, Rongli Rangliot, Dist.
Darjeeling.**
9. Name and address of the insurance company with whom the vehicle was insured and the particulars of the Divisional Officer of the said insurance company : **NA**

10. Number of insurance policy/insurance certificate and the date of validity of the insurance policy/insurance certificate

NA

11. Registration particulars of the vehicle (class of vehicles)

(a) Registration No.

Registration No. WB 74 Z 5040.

(b) [Engine number or Motor number in the case of battery Operated vehicles]

NA

(c) Chassis No.

NA

12. Route permit particulars

NA

13. Action taken, if any, and the result

under Investigation thereof

Submitted.
ASI phuba Bhatia
at Tusta CP
dt 3/1/24

FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

Dist. Kalimpang P.S. Kalimpang Year 2024 FIR No. 01/2024 Date 02-01-24 7601
 i) Act. Sections _____ ii) Act. IPC Sections 279/337/338

(iii) Act. Sections _____ (iv) Others Acts & Sections _____

(a) Occurrence of Offence: Day Teesta day Date From 02-1-24 Date To _____
 Time From 1-20 hrs. Time To _____

(b) Information received at P.S. Date 02-1-24 Time 16-45 hrs.
 (c) General Diary Reference: Entry No(s) 61 Time 16-45 hrs.

Type of Information: _____ Written / Oral _____

Place of Occurrence: (a) Direction and Distance from P.S. 15 Km / west Beat No. 11/10-50

(d) Address Near the road, DC forest office, Teesta, Kalimpang

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

Name of the P.S. _____ District _____

Complainant / Informant: _____

(a) Name Smt. Saraswati Tamang

(b) Father's / Husband's Name W/o. Sri. Amars Tamang

(c) Date / Year of Birth: _____ (d) Nationality _____

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

(f) Occupation _____

(g) Address Teesta Deepgram P.S. - dist. Kalimpang

Details of known / suspected / unknown accused with full particulars Rider of two wheeler
 (Attach separate sheet, if necessary): Dark Blue - 150 - 242-5010 (Pulsar)

Reasons for delay in reporting by the Complainant / Information _____

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

Total value of properties stolen / involved _____

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

FIR Contents (Attach separate sheets, if required): The original written complaint is being
is treated as FIR is enclosed herewith for perusal
over 100/-

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 - Prabha Bhasin of Teesta C.P. to take up

investigation / refused investigation / transferred to P.S. _____ on point of

jurisdiction. FIR read over to the Complainant / Informant, admitted to be correctly recorded and a copy given to the Complainant /

Informant free of cost.

14 Signature / Thumb impression of the Complainant / Informant _____

Signature of the Officer-in-Charge _____

Name: SARAN SARKI

Rank: No. SI OF POLICE

Rank: No. Kalimpang P.S.

दिनांक - 02/01/2024

सेवाभा

अभिषार डेनचान
रिहता चक पोह
जी. एस. कालेनुड
जिल्ला - कालेनुड

महाराज

अ सपसली तामड, पति श्री अमा तामड, रिहता
डेवगात्र, थाना कालेनुड, निवासी तपाईं प्रति हउडा निवेदन
गर्दिह कि आज दिनांक 02/01/24 जंगलवाटो दिग समय
11:20 AM, मेरो मामाको होल निमा तामड, पिला श्री ठुली
माई तामड, अप्पा चउटा बस्ती थावा रंगेली, रंगेली हउ
जिल्ला राजीलिङ, निवासी साथै उसको साथी साहित
तामड, पिला श्री लुजीत तामड, बक्लीङ, निवासी मेरो मामा
होला, निमा तामडको मोटा साईकल पल्ले 180 Blue colour
अ सलार मला तंकलीङ देवि रिहता बजार लक्ष गर्दि रहेको
समय, श्री आइ पण्ड जेल्ह अभिष नजदिक लेड बाट जाउ
30, 35 लीट जस्तो मुनि जंगलमा जाईक लागे हुने जना
मोटा धाईले भएको ह/यो मोटा साईकल मेरो मामाको होल
निमा तामडले चलाई रहेको बिरुद त्यस पछ्यात ह/यानि
वालिन्दाहले सहायताले मेरो माई साथै उसको साथीलाई
उपचाको निमित्त कालेनुड जिल्ला अस्पताल पठाए/त्यस पछि
कालेनुड जिल्ला अस्पतालले मेरी शिलिगुडी नथे बंगाल
मेडिकल अस्पतालमा उपचाको निमित्त रेफर गरिदिए/
यसर्थ, उपयुक्त विषयमाथि तथ्य नजट हालै हुनुको
विभागावर सरीक हानेन गति कानुनी कारवाही गरिदिनु
सादा अनुरोध गर्दिह।

सधन्यमा

लेखक - रमेश देवी
पिला - हवा चन्द्र का देवी
रिहता पानी पल

हउको निवाले
Sawamali Tamang

62950845010 Dimach Tamang

Received on
02/01/24 at
16:05 hrs vide
Tanta = P.
G.D.C. No. 44
Dt. 2/1/24 and
forwarded to
I/C Kalimpong
P.S. for starting
a specific
case.

Office Incharge
Tanta C. P.
P.S. Kalimpong
Dist. 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.	Kalimpong P.S. Case NO. 01/24
Date	02/01/2024
Under Section	279/337/338 I.P.C.
Police Station	Kalimpong

1.	Date of Accident	02/01/2024
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2.	Time of Accident	At 11.20 a.m.	
3.	Place of Accident	Near the Road DIFund Forest Office under KPAPS	
4.	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police <input checked="" type="checkbox"/> Others (Specify)	
Name, mobile number & address of the Informant			
Name		Saraswati Tamang	
Mobile No.		6295086559	
Address		Terste D Program, PS & Dist. Kalimpong	
5.	Nature of Accident	Injury <input checked="" type="checkbox"/> Fatal Damage/loss of property Any other loss/injury	
Number of Vehicles involved			
Whether Registration Number of the Offending Vehicle known		Yes <input checked="" type="checkbox"/>	No
Whether offending Vehicle impounded by the police		Yes <input checked="" type="checkbox"/>	No
Whether the driver of the offending vehicle found on the spot		Yes <input checked="" type="checkbox"/>	No
Number of Fatalities		02 (Two)	
Number of Injured		02 (Two)	
6.	Details of the Hospital where victim(s) taken		
Hospital Name		District Hospital, Kalimpong	
Address		Kalimpong	
Doctor's Name			
7.	Availability of CCTV Footage	Yes	No <input checked="" type="checkbox"/>
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.		WB-74Z 5040 (Motor cycle)	
Driver Details			
Name of the Driver		Nima Tamang	
Address of Driver		Upper Chakra Khesmel, Busty, PS - Rangli Rangli, Dist - DSI	
Mobile No. of Driver			

vii.	Initial Observation of accident scene	Non Provision of Parapets/Crash Barrier on Outer Curve Long Distance Covered/Driver Restless Fell Down From Vehicle Illegal Parking on Road Blind Bend / Curve Alcohol abuse Carrying people in loaded vehicle Changing lane without care Dangerous Overtaking Distraction to Driver Driving against flow of traffic Drugs Abuse High Speed ✓ Inattentive Turn Accident Due to road Condition Accident Due to Weather Condition Accident due to Heavy Traffic Non-respect of rights of way rules Red Light jumping Overloaded Accident due to Vehicle Defect Over speed while crossing Zebra crossing Over speed while crossing speed breaker
viii.	Weather Condition	Sunny / Clear ✓ Cloudy Light Rain Heavy Rain Flooding of Causeway / Rivulets Hail/ Sleet Snow Smoke/ Dust Strong WindCold Hot
ix.	Light Condition	Day ✓ Twilight Darkness with street lights on Darkness with poor street light Darkness-No street light
x.	Accident Spot	Residential Zone ✓ Market Zone

		Institutional Zone Open Commercial 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 ✓

P.I.S./EMPLOYEE No. : 2002038364

S.H.O./O

Phone No. : 9851254608

P.S. : Kalimpong

Date : 03/01/2024

Documents to be attached:

- i. Copy of FIR

Images/ Videos to be attached:

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

SEIZURE LIST

K.P.G. P.S. 01/24

REF:- Kalimpang P.G. Case No. 01/24 Dt. 02/01/24 U/S 279/337/338 J.P.C.

1. DATE & TIME OF SEIZURE : on 03/01/24 at 11:55 hrs
2. PLACE OF SEIZURE : Teesta C.P.
3. FROM WHOM SEIZED : on being produced by Rabin Tamang S/O Jaislal Tamang of Takling Busty, P.S. Rangli
4. NAME OF WITNESS : Ranglior. Dist Dargyeling.
(I) H.S. Tiztha Bhe. Chhetri
1403
of Teesta C.P.
Under Kalimpang P.S.
(II) CVF/825 Nischint Ghotani
of - Do -

Rabin Tamang

5. DESCRIPTION OF SEIZED ARTICLES (i) one Pulsar 180 Blue Colored Motor cycle. Damage condition.
(ii) one Driving licence No. W.B 7620230004266, in the Licence holder Name as Nima Tamang S/O Thulo Bhai Tamang of Upper Chagxa Busty, Dargyeling. expiry 12/10/33.

(Seized articles as annex of the case)

6. SIGNATURE OF WITNESS

- (I) H.S. Tiztha Bhe. Chhetri
- (II) CVF/825 Nischint Ghotani

S/O Phudra Bhe. Chhetri
Comp of Teesta C.P.

01/03/24

SEIZED BY ME

SEIZURE LIST

KPG P.S. 01/24

REF:- Kalimpang P.S. Case No. 01/24 Dt. 02/01/24 U/S 279/337/338 IPC

1. DATE & TIME OF SEIZURE : on 03/01/24 at 11:55 hrs
2. PLACE OF SEIZURE : Teesta C.P.
3. FROM WHOM SEIZED : on being Produced by Rabin Tamang S/o Jazlal Tamang of Takling Busty, P.S. Rangli
4. NAME OF WITNESS : Ranglior, Dist Dooars
(I) H.G. Tiztha Bdz. Chhetri
1403
of Teesta C.P.
Under Kalimpang P.S.
(II) CVF/825 Nischint Ghoshani
of - Do -

Rabin Tamang

5. DESCRIPTION OF SEIZED ARTICLES (i) one Pulsar 180 Blue Colored Motor cycle. Damage Condition.
(ii) one Driving licence No. W.B 7620230004266, in the Licence holder Name as Nima Tamang S/o Thulo Bhai Tamang of Upper Chagxa Busty, Dooars, expiry 12/10/33.

(Seized articles as above of the case)

6. SIGNATURE OF WITNESS

- (I) H.G. Tiztha Bdz. Chhetri
- (II) CVF/825 Nischint Ghoshani

ASI Phurda Bhutia
Comp at Teesta CP

01/3/1/24

SEIZED BY ME

9547487146



Indian Union Driving Licence
Issued by **GOVERNMENT OF WEST BENGAL**



WB76 20230004266



Issue Date Validity(NT) Validity (TR)*
13-10-2023 12-10-2033



Holder's Signature

Name: **NIMA TAMANG**

Date of Birth: **24-08-1992**

Blood Group: **A+**

Organ Donor: **N**

Son/ Daughter/Wife of: **THULO BHAI TAMANG**

Address:

UPPER CHEGRA BUSTY Chegra Khasmahal Darjeeling West Bengal 734312

Date of First Issue **13-10-2023**







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.

S.H.O./I.O

P.I.S./EMPLOYEE No. : 2002038364

Phone No. : 9851254608

P.S. : Kalimpong

Date : 10/01/24

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.

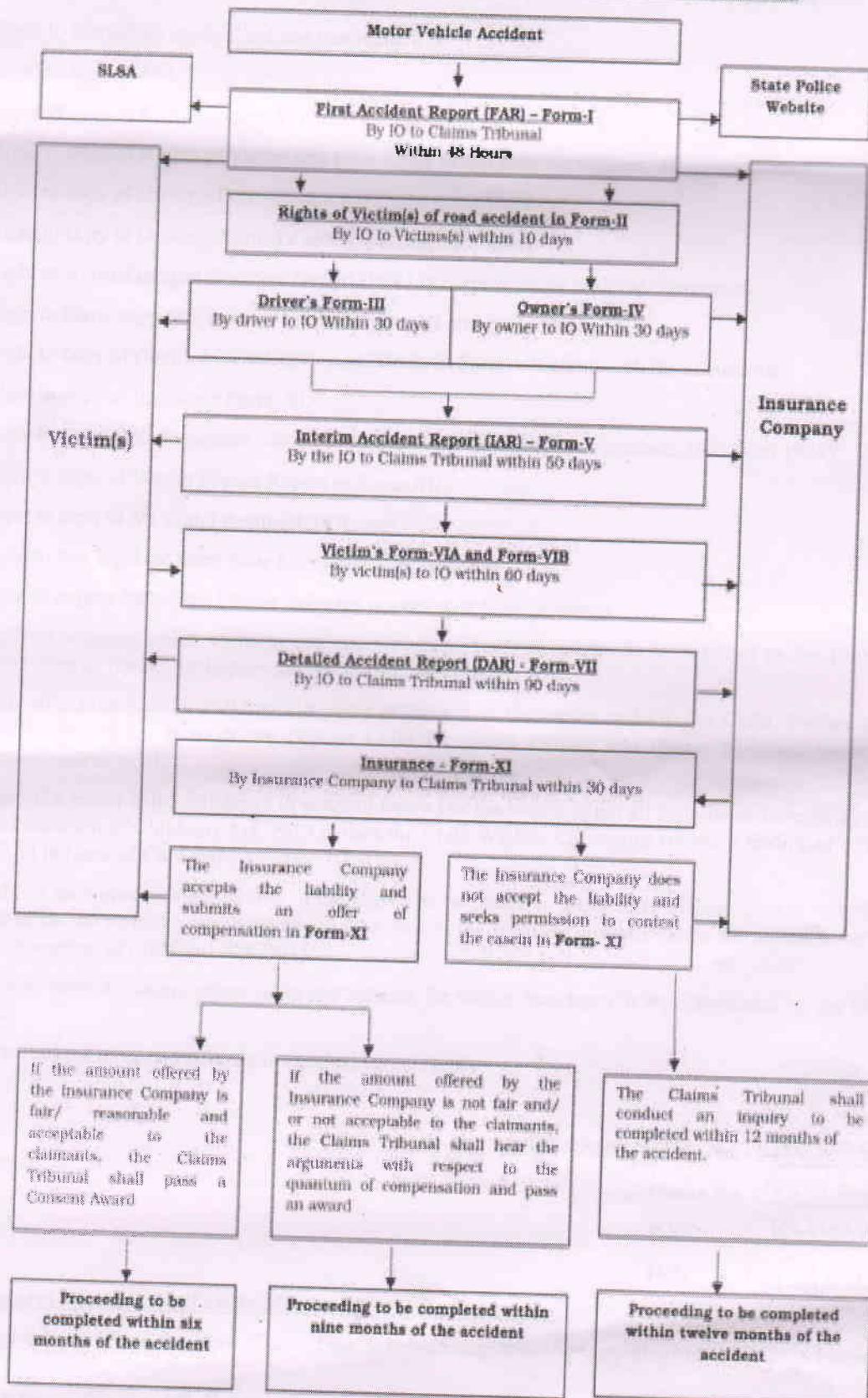
Sujit Tamang
Victim/Family Members/Legal Representatives

Date : 10/01/24

DR/N0/23/24/TCP
DT: 10/01/24

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS



FORM-III**DRIVER' FORM**

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

FIR No.	Kalimpang P.S. Case No- 01/24
Date	02/01/24
Under Section	279/337/338 I.P.C.
Police Station	Kalimpang

1.	Driver Details	
	Name	Nima Tamang
	Father's Name	Thulo Bhai Tamang
	Mobile No.	9635888323
	Address	Upper Chikra Busty PS - Rangli Rengliet, Dist. Dangsingling
2.	Age/Date of Birth	24/08/1992
3.	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4.	Educational Qualifications	<input type="checkbox"/> Primary <input type="checkbox"/> Senior Secondary Certificate <input type="checkbox"/> Higher Secondary Certificate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Uneducated
5.	Occupation	<input type="checkbox"/> Private Service <input type="checkbox"/> Government Job <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others
6.	Monthly Income	Rs. 15,000/-
7.	Driving Licence	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify)
8.	Driving Licence No.	WB 76 2023 000 4266
9.	Period of Validity of Licence	12-10-2033
10.	Licensing Authority	Govt. of West Bengal

DR/NO/23/24/TCP

Dt: 10/01/24

11.	Vehicle Registration No.	WB-74Z-5040 (Motor cycle)
12.	Vehicle Type	Motor cycle
13.	Owner Details	
	Name	Subham Rai
	Mobile No.	9318332887
	Address	Kabir Dhara, Tinglam T.C. Estate, P.S. Rangli Rangli, Dist. Durgam Ching
14.	Insurance Details	
	Policy No.	36140031236703004139
	Period of Policy	03/09/2024
	Name of Insurance Company	National Insurance
15.	Other details	
i.	Nationality of Driver	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreigner
ii.	Occupation of Driver	<input type="checkbox"/> Advocate <input type="checkbox"/> Business <input type="checkbox"/> Clerk <input type="checkbox"/> Doctor <input type="checkbox"/> Driver <input type="checkbox"/> Engineer <input checked="" type="checkbox"/> Farmer <input type="checkbox"/> House Keeper <input type="checkbox"/> Labourer <input type="checkbox"/> Police Officer <input type="checkbox"/> Politician <input type="checkbox"/> Retired Officer <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Vendor/ Small Business Owner <input type="checkbox"/> Worker <input type="checkbox"/> Other
iii.	Injury Type	<input type="checkbox"/> Back Injury <input type="checkbox"/> Buttocks Injury <input type="checkbox"/> Chest Injury <input type="checkbox"/> Face <input type="checkbox"/> Hand <input checked="" type="checkbox"/> Head <input type="checkbox"/> Hip <input type="checkbox"/> Knee

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

Verification:

Verified at Treston on this 10/01/2024 day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

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

 Indian Union Driving Licence
Issued by **GOVERNMENT OF WEST BENGAL** 

WB76 20230004266

Issue Date: 13-10-2023 Validity (NT): 12-10-2033 Validity (TD): 

Name: **ABHA TAMANG**

Date of Birth: **24-06-1992** Blood Group: **A+** Organ Donor: ☒

Sex: **Female** Vehicle: **THIRU O BHAI TAMANG**

Address: **97/2 CHANDRAKUTY Chandra Khatmahal Durgam West Bengal 754112**

Date of First Issue: **11-10-2023**

पॉलिसी अनुसूची Policy Schedule - Motor - Two Wheelers - TP LIABILITY ONLY

पॉलिसी संख्या Policy Number:
38140031236703004139

व्यवसाय स्रोत Business Source: 910631-0

विक्रय चैनल कोड Sales Channel Code: 91063100000001

कंपनी नाम: Policybazaar Insurance Brokers Private Limited



राष्ट्रीय कार्यालय National Office
कार्यालय कोड Office Code: 381400
कार्यालय का पता Office Address:
National Insurance Company Ltd.,
Gurgaon DD-LSO No. - 41-42-43, Sector-31,
Gurgaon - 122001.
GSTIN: 05AAACN2997E228
Contact Number: 0124-2380932, 933
Mobile Number:

रिजल संख्या Contact Number: 18002585970

कृपया अपने ग्राहक नाम सुझाएं

सब्सक्राइबर का पता Subscribing Party Address:
Sole User: Gurgaon, PIN: 124001,
Cell: 7602025014

Policy Effective from 00:00 hours, on 04/09/2023 की अवधि तक to midnight of 03/09/2024

प्रिमियम Premium	₹ 1316
CGST	₹ 0.00
SGST/UTGST	₹ 0.00
IGST	₹ 237.00
प्रत्यक्ष रीयल टाइम ड्यूटी Recountable Stamp Duty	₹ 0.00
कुल रकम Total Amount	₹ 1553

कवर नोट संख्या Cover Note Number and Date: NA

प्रस्ताव संख्या व तारीख Proposal Number and Date: PB16528457400968976 Dt. 01/09/2023

रसीद संख्या व तारीख Receipt Number and Date: PB76724145 Dt. 01/09/2023

पिछली पॉलिसी संख्या व समाप्ति तिथि Previous Policy Number and
Expiry Date: Dt. 29/05/2023

(Rupees One Thousand Five Hundred Fifty Three Rupees Only)

वाहन का आईडी Vehicle IDV	₹ 0
IDV (Trailer / Sidecar)	NA
इलेक्ट्रिकल एक्सेसरीज Electrical Accessories	NA
नॉन इलेक्ट्रिकल एक्सेसरीज Non Electrical Accessories	NA
फाइबर ग्लास टैंक Fiber Glass Tank	NA
सीएनजी/एलपी गैस यूनिट CNG/LPG Unit	NA
Total IDV	0
अति टोविंग चार्ज Add. Towing Charges	NA
सी.सी. - जी.जी. वजन CC / G.W	177
वाहन का लाइसेंसिंग/करीयर क्षमता Licensed Licensing / Carrying Capacity	2
निर्माण वर्ष Year of Mfg.	2012

वाहन का विवरण Vehicle Details

पंजी संख्या Regn. Number	WB74Z5040
इंजन व एमपी संख्या Engine or M/c No.	DJZCCF32820
इसेसरीज संख्या Chassis Number	MD2A12DZ3CCF34872
पंजीकरण अधिकारी Regn. Authority	SILIGUR
भौतिक क्षेत्र Geographical Area	India
ब्रांड Make	Yamaha
मॉडल Model	Pulsar
वैरिएंट Variant	STD (178 cc)
वाहन की श्रेणी Class of Vehicle	Motor Cycle
इंद्रिया का प्रकार/रंग Body Type / Color	
पंजीकरण तिथि Regn. Date	30/10/2012

प्रिमियम की अनुसूची Schedule of Premium

प्राप्त-अति Own Damage	₹
स-अति आवरण (अति प्रकृति प्रिमियम के साथ) Own Damage Cover(Incl. of applicable add-ons)	0
कुल Total	0

वैधिक दायित्व Legal Liability

Legal Liability Cover	₹ 1019
व्यक्तिगत दुर्घटना Personal Accident	0
कुल Total	₹ 1019

वाहन का स्व-अति बीमा विवरण Vehicle Own Damage Insurance Details

नो क्लेम बोनस % No Claim Bonus%	NA	Loss of Accessories Covered	No
विदेशी दूतावास का नाम Foreign Embassy Name	N	Nil Depreciation Plus Covered	No
अवसरकारी एक्सेस Compulsory Excess	₹	Roadside Assistance Covered	No
इम्पोजेड एक्सेस Imposed Excess	₹ 0.00		

तृतीय पक्ष बीमा विवरण Third Party Insurance Details

मोटर वाहन अधिनियम 1988 के अनुसार आवश्यक रकम Such amount as is necessary to meet the requirement of the motor vehicles Act 1988

₹ 6000.00 (In respect of any one claim or series of claims arising out of one event/occurrence)

Limit of liability under section 11-1(i)
under section 11-1(i)

व्यक्तिगत दुर्घटना बीमा विवरण Personal Accident Cover Details

वाहन का मालिक वाहन Owner driver of the vehicle
Nominee: Not Applicable

प्रमाणित अनुमति पत्रक और गारंटी Clause, Endorsements and Warranties Applicable

उपयोग की सीमाएं Limitations as to Use: Use only for social, domestic and pleasure purposes and for the insured's business or profession. The Policy does not cover use for hire or reward, tuition, racing, pace making, reliability trial, speed testing, damage of goods (other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade.

वाहन चलाने के लिए अधिकृत व्यक्ति का वर्गीकरण Persons or Class of Persons entitled to drive: Any person including the insured, Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding

FORM-IV**OWNER'S/INSURED'S FORM**

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

FIR No.	Kalimpong P.S. Case No- 01/24
Date	02/01/24
Under Section	279/337/338 I.P.C.
Police Station	Kalimpong

1. Vehicle Details	
Registration No.	WB-742-5040 (motor cycle)
Colour	Blue
Make	Bajaj Auto Ltd.
Model	Pulsar 180 ES
Year of Manufacture	10/2012
Chassis No.	MD2A12D23CCF34972
Engine No.	DJZCCF32820
Registering Authority Name	M.V. Deptt. Siliguri
Vehicle Type	<input checked="" type="checkbox"/> Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle

		Public Service Vehicle Educational Institute Bus <u>Others</u> (Specify)
2.	Owner Details	
	Name <i>In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988</i>	Subham Rai
	Father's Name	S.k. Rai
	Mobile No.	931833 2887
	Address	Kabit Dhura, Singlam, T.E. Shikr Rangli Ranglich, Dist. Durgachy
	Occupation	
3.	Driver Details	
	Name	Nima Tamang
	Father's Name	Thulo Bhai Tamang
	Mobile No.	9635888323
	Address	Upper Chokra Busly, PS - RR, Dist. Durgachy
	Driving Licence No.	WB 76 2023 000 4266
	Period of Validity	12-10-2033
	Licensing Authority	Govt. of West Bengal
4.	Insurance Details	
	Policy No.	30140031236703004139
	Period of Policy	03/09/2024
	Name of Insurance Company	Natma Insurance
	Address of Insurance Company	
	Details of previous Insurance Policy	
	Whether the vehicle previously involved in any MACT case? <i>If yes, give details of FIR and MACT case.</i>	
5.	In case of commercial vehicle	
	Permit details	
	Fitness details	
6.	Whether the owner reported the accident to the Insurance Company	Yes No
7.	Other details	
i.	Load Category	Passengers Goods
ii.	Age of vehicle	

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

Verification:

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

Documents to be attached:

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

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

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

FIR No.	kalimpong PS. Case no. - 01/24
Date	02/01/24
Under Section	279/337/338 I.P.C.
Police Station	kalimpong

1.	Date of Accident	02/01/2024
2.	Time of Accident	At. 11.20 a.m.
3.	Place of Accident	Near the Road DE Fund Forest office under Kalimpong P.S.
4.	Offending Vehicle	
	Registration No.	WB-74Z 5040 (motor cycle)
	Vehicle Make	Bajaj Auto Ltd.
	Vehicle Model	Pulsar 180 ES
5.	Driver of the offending vehicle	
	Name	Nima Tamang
	Father's Name	Thulo Bhai Tamang
	Mobile No.	
	Address	upper chakra Kheshmohol Buxy PS - Rangli Rangli, Dist. Dargachow
	Driving Licence	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify)
	Driving Licence No.	WB 76 2023 0004266
	Validity of Licence	12-10-2033
	Licensing Authority	Govt. of West Bengal
6.	Owner of the offending vehicle	
	Name	Subham Rai
	Father's Name	S. K. Rai
	Mobile No.	9318332887
	Address	Kabir Dhura, Janglam, T.G. Asthri, Rangli Rangli,
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	
8.	Insurance Details	

	Policy No.	36140031236703004139	
	Period of Policy	03/09/2024	
	Name of Insurance Company	National Insurance	
	Address of the Insurance Company		
9.	Witness(es) to the accident		
	Witness-1: Name	Phurba Tamang S/o - Thulo Bheo Tamang	
	Mobile No.		
	Address	Chogra Busty, PS - RR, Dist - Dargay	
	Witness-2: Name	Rabin Tamang, S/o - Jamal Tamang	
	Mobile No.		
	Address	Takling Busty, PS - RR, Dist - DSA	
	Witness-3: Name	Manoj Menger, S/o - Bir Bde Menger	
	Mobile No.		
	Address	Teesta D-I-Fund, PS & Dist KRC	
	Witness-4: Name	Len Tshering Tamang S/o - Budha Tshering	
	Mobile No.		
	Address	Takling Busty, PS - RR, Dist - DSA	
10.	Brief description of the Accident		
11.	Details of compliance(s)		
i.	Date of filing of First Accident Report (FAR)		
ii.	Date of uploading FAR on the website of Delhi Police		
iii.	Date of delivery of FIR and FAR to the Insurance Company		
iv.	Date of delivery of FIR, Form-II and FAR to the Victim(s)		
v.	Date of receipt of Form-III from the Driver		
vi.	Date of receipt of Form-IV from the Owner		
vii.	Date of delivery of Form-III and Form-IV to the Insurance Company		
viii.	Date of delivery of Form-III and Form-IV to the Victim(s)		
ix.	Whether the information/ documents of the driver/owner have been verified. <i>If yes, attach the Verification Report.</i>	Yes	No
12.	Passenger details		
i.	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG	

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

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

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

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

S.H.O./I.O

P.I.S./EMPLOYEE No. : 2002038364

Phone No. : 9851254608

P.S. : Kalimpong

Date : _____

Documents to be attached:

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

FORM-VI**VICTIM'S/CLAIMANT'S FORM**

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

FIR No.	Kalimpang P-5- Case NO. 01/24
Date	02/01/2024
Under Section	279/337/338 I.R.C.
Police Station	Kalimpang

1.	Date of Accident	02/01/2024
2.	Time of Accident	At 11-20 A.M.
3.	Place of Accident	Near the Road DE Kind Forest area under Kalimpang PS
4.	Nature of case	<input type="checkbox"/> Simple Injury <input type="checkbox"/> Grievous Injury <input checked="" 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 74 Z 5040 (Motor Cycle)
6.	Owner Details	
	Name	Subham Rai
	Address	Kabir Dharo, Janglem, T.A. Estah. Rangli District.
7.	Driver Details	
	Name	Nima Tamang
	Address	Upper Chokra Khosmel Basky, PS - Rangli nagla, Dist - Bhojpur
8.	Insurance Details	
	Policy No.	36140631236703004139
	Period of Policy	03/09/2024
	Name of Insurance Company	National Insurance
DEATH CASE		
9.	Name of the deceased	Nima Tamang
10.	Father's Name	Thulo Bhai Tamang
11.	Age / Date of Birth	31 yrs
12.	Date of death	
13.	Gender of the deceased	Male
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.	N/A				
ii.	N/A				
iii.	N/A				
iv.	N/A				
v.	N/A				
vi.	N/A				
23.	Name, Contact Number and Address of Legal Representatives of the deceased				
	Name	Contact Number	Present Address as well as Permanent Address		
i.	N/A				
ii.	N/A				
iii.	N/A				
iv.	N/A				
v.	N/A				
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.	N/A				
ii.	N/A				
iii.	N/A				
iv.	N/A				
v.	N/A				
vi.	N/A				
INJURY CASE					
25.	Name of the Injured		Sahil Tamang		

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

iii.				
iv.				
v.				
vi.				
43.	Pecuniary Losses suffered			
i.	Expenditure on treatment		N/A	
ii.	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment		N/A	
iii.	Expenditure on conveyance, special diet, attendant charges, etc.		N/A	
iv.	Loss of income		N/A	
v.	Loss of earning capacity		N/A	
vi.	Any other pecuniary loss/ damage		N/A	
44.	Whether the injured got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme <i>If yes, provide details</i>		Yes	No
45.	Value of loss/ damage to the property		N/A	
46.	Any additional information		N/A	
47.	Brief description of the accident			
48.	Compensation claimed			
49.	Hospital details			
i.	PMJAY Empanelled		Yes No	
ii.	Hospital name			
iii.	State			
iv.	District			
v.	Address			
vi.	Pincode			
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 ENT
x.	Mobile	N/A
xi.	National Identification Number (NIN)	N/A
xii.	Landline	N/A
xiii.	E-Mail	N/A
xiv.	Username	N/A
xv.	Password	N/A
xvi.	Retype Password	N/A
xvii.	Hospital Location	N/A
xviii.	Police District	N/A
xix.	Police Station	N/A
50.	Patient's details	N/A
i.	Patient Type	Medico Legal Death – Out Patient(MLD-OP) Medico Legal Death - In Patient(MLD-IP)
ii.	In Patient/Out Patient	N/A
iii.	Time of Arrival	N/A
iv.	Patient Name	N/A
v.	Patient Age	N/A
vi.	Patient Contact Number	N/A
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

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

		Intensive care unit Died in Emergency Disposition Brought Dead
52.	History as stated by the Injured	
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 Medclaim 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 _____ on this _____ day of _____ 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.			
5.			
6.			

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 SLSA

FIR No.	Kalimpong PS Case NO - 01/24
Date	02/01/24
Under Section	279/337/338 I.P.C.
Police Station	Kalimpong

1.	Date of Accident	02/01/2024	
2.	Time of Accident	At 11.20 a.m.	
3.	Place of Accident	Near the Road DE Fmd, Forest Office under KAG PS	
4.	Nature of Accident	Simple Injury Grievous Injury <input checked="" type="checkbox"/> Fatal Damage/loss of the property Any other loss/injury	
5.	Offending Vehicle Details		
	Registration No.	WB - 742 5040	
	Make	Bajaj Auto Ltd	
	Model	Pulsar 180 ES	
	Vehicle Type	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	Nima Tamang	
	Father's Name	Thulo Blai Tamang	
	Mobile No.		
	Address	Upper Chokra, Khesmchhol Busty, PS - RR, Dist - DYC	
	Driving Licence	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify)	
	Driving Licence No.	WB762023 0004266	
	Validity of Licence	12-10-2033	
	Licensing Authority	Govt. of West Bengal	
7.	Owner of offending vehicle		
	Name	Subham Rai	
	Father's Name	SK. Rai	
	Mobile No.	931833 2887	
	Address	Kabir Dhura, Tinglam, T.G. Chhly, Rangli, Rangli	
8.	Insurance Details of offending vehicle		
	Policy No.	36140031236703004139	
	Period of Policy	03/09/2024	
	Name of Insurance Company	National Insurance	
9.	Whether License has been verified from the Authority. If yes, attach report If no, give reasons	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Whether Driving Licence suspended/ cancelled If yes, give details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11.	Whether driver injured during the accident If yes, give details	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Vehicle was Driven by	<input type="checkbox"/> Owner <input type="checkbox"/> Paid Driver <input checked="" type="checkbox"/> Other (Specify)	

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	
14.	Whether driver carrying mobile phone at the time of accident <i>If yes, give details of Mobile</i>	Yes No	
	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		
	Fitness details		
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 <input checked="" type="checkbox"/> Two-wheeler In other Vehicle Others (Specify)	
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DEATH CASE

21.	Name of the deceased	Nima Tamang S/o - Thulo Bheo Tamang
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22.	Age of the deceased	31 yrs
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23.	Occupation	
-----	------------	--

24.	Details of Legal Representatives of the deceased		
-----	--	--	--

	Name	Relationship	Age
(i)	N/A		
(ii)	N/A		
(iii)	N/A		
(iv)	N/A		
(v)	N/A		

INJURY CASE

25.	Name of the injured	Sahi Tamang S/o - Sujit Tamang
-----	---------------------	--------------------------------

26.	Age	18 yrs
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27.	Occupation	
-----	------------	--

28.	Nature of Injury	
-----	------------------	--

Simple	Simple
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Grievous	
----------	--

29.	Details of Injury	
-----	-------------------	--

30.	Offences Charged	
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Indian Penal Code, 1860

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		

Motor Vehicles Act, 1988

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	

xvii.	Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974)		
xviii.	Copy of notice under section 133 of the Motor Vehicles Act, 1988		
DEATH CASE			
xix.	Post-Mortem Report		
INJURY CASE			
xx.	Medico Legal Case (MLC) form		
xxi.	Multi angle photographs of the injured		
OTHER DOCUMENTS			
xxii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the driver		
xxiii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the owner		
xxiv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Insurance Company		
xxv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Victim(s)		
xxvi.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Registration Authorities		
xxvii.	Letter of the Investigating Officer demanding the relevant information/ documents from the Hospital		

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above report are true and correct, and the documents were gathered during investigation.

S.H.O./I.O
P.I.S./EMPLOYEE No. : 2002038364
Phone No. : 9851254608
P.S. : Kalimpong
Date : _____

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.	kalimpong PS Case No. 01/24
Date	02/01/24
Under Section	279/337/338 I.P.C.
Police Station	kalimpong

1.	Date of preparation of site plan	
2.	Type of collision(collision from)	Hit from back Vehicle to pedestrian <input checked="" type="checkbox"/> Run-off road Vehicle overturn Head on collision Other (Specify)
3.	Road direction	One-way <input checked="" type="checkbox"/> Two-way Other (Specify)
4.	No. of lanes	Not known
5.	Width of road	Not known
6.	Place of accident	Near the Road D.T. Fund Forest Office under kalimpong PS
7.	Detailed Site Plan with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Panchayat Road

iii.	Type of Structure	Normal Road Grade Road Over Bridge Culvert Road Under Bridge River Bridge Vehicular Under Pass Limited Use Subway Causeway
iv.	Type of Road Surface	Bituminous / Asphalt Water Bound Macadam (WBM) / Metalled Roads Paver Block Road Gravel Road Murrum Road Earthen/Kutchra Road
v.	Surface Condition	Good Reeling 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) 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)

iii.	Type of Structure	Normal Road Grade Road Over Bridge Culvert Road Under Bridge River Bridge Vehicular Under Pass Limited Use Subway Causeway
iv.	Type of Road Surface	Bituminous / Asphalt Water Bound Macadam (WBM) / Metalled Roads Paver Block Road Gravel Road Murrum Road Earthen/Kutchra Road
v.	Surface Condition	Good Reveling 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) 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 Horizontal Curve Vertical Curve Nearby Bus Stop
viii.	Horizontal Curve	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	<input checked="" type="checkbox"/> No Control Flashing Signal Give Way Sign Stop Sign Traffic Signals Manned Control
xii.	Sight Distance	Available to Junction Available to Curve Straight Reach Not Applicable
xiii.	Speed Limit	Below 40 <input checked="" type="checkbox"/> 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 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	Yes No
xviii.	Type of Median	Depression / Flush Median 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 No
xxi.	Road Markings	Available Faded Not Available

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

S.H.O./I.O

P.I.S./EMPLOYEE No. : 2002038364

Phone No: 9851254608

P.S. : Kalimpong

Date : _____

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.	kalimpong PS case No. 01/24
Date	02/01/24
Under Section	270/337/338 I.P.C -
Police Station	kalimpong

Date of Mechanical Inspection	
Name of Motor Vehicle Inspector	
Registration No. of Motor Vehicle Inspector	

1.	Vehicle Registration No.	WB 74 Z - 5040 (motor cycle)
2.	Vehicle Type	<input checked="" type="checkbox"/> Motorized 2-wheeler <input type="checkbox"/> Auto <input type="checkbox"/> Car/Jeep/Taxi <input type="checkbox"/> Cycle Rickshaw <input type="checkbox"/> Hand Drawn Cart <input type="checkbox"/> Bicycle <input type="checkbox"/> Tempo/Tractor <input type="checkbox"/> Truck/Lorry <input type="checkbox"/> Animal Drawn Cart <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Articulated Vehicle/ Trolley <input type="checkbox"/> Not Known <input type="checkbox"/> Other (Specify)
3.	Vehicle make	Bajaj Auto Ltd.
4.	Model Name	Pulsar 180 ES
5.	Colour of vehicle	Blue
6.	Engine Number	DSZCCF32820
7.	Chassis Number	MD2A12D23CCF34972
8.	Location of vehicle inspection	
	Accident Site	
	Garage	
	Other (Specify)	

9.	In case of Commercial Vehicle	
	Details of Fitness	
	Details of 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	10/2012
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	
ix.	Tax Details	
x.	Seat Capacity	
xi.	Insurance Company	
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 Damage</p> <p>No 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>Mechanical</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	Active Inactive
xix.	Condition of Hand Brake	Active Inactive
xx.	Brakes Even or Not	Even Not even
xxi.	Mechanical Failure	Yes No
xxii.	Tyre Condition	Worn Out In Order Remoulded Original 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.	Kalimpong P.S. Case No- 01/24
Date	02/01/24
Under Section	279/337/338 I.P.C.
Police Station	Kalimpong

1.	Vehicle Registration No.	WB 74 Z - 5040 (Motor cycle)
	Validity Period	
2.	Engine No.	DJZCCF32820
3.	Chassis No.	MD2A12DZ3CCF34972
4.	Category of Vehicle	LMV/HMV/MGV
		Private or Commercial
5.	Vehicle Make & Model	
	Make	Bajaj Auto Ltd.
	Model	Pulsar 180 FS
6.	Owner Details	
	Name	Subham Rai S/o - S.K. Rai
	Address	Kabi Dhura, Janglam, J.G. Estate Ragli Rangbari, Dist. Durgam
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	
	Validity	
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	
10.	In case record not available, state reasons	

S.H.O./I.O

P.I.S./EMPLOYEE No. : 2002038364

Phone No. : 9851254608

P.S. : Kalimpong

Date : _____