

**FORM 54**  
**[See Rule 150(a) and (2)]**  
**Accident Information Report**

1. **Name of the Police Station:** Kalimpong P.S.
2. **CR No. / Traffic Accident report:** Kalimpong PS Case No. 03/24 Dated.03.01.2024 U/S. 279/337/338 IPC.
3. **Date, time and place of the accident:** On 01.01.2024 at 22:30 hrs, 8<sup>th</sup> Mile , In Front of Iron Metal Workshop Near a bifurcation to Cluny Women's College, P.S & Dist. Kalimpong.
4. **Name and full address of the injured :** Aniket Kalikotey S/o. N.B Kalikotey of Bagdhara, Kazi Compound, P.O , P.S & Dist. Kalimpong.
5. **Name of the hospital to which he / she was removed:** N/A.
6. **Registration Number of vehicle and the type of the vehicle:** WB 79 9672  
(Scooty)
7. **Driving Licence particulars:**
  - (a) **Name and address of the driver:** Aniket Kalikotey S/o. N.B Kalikotey of Bagdhara, Kazi Compound, P.O , P.S & Dist. Kalimpong.
  - (b) **Driving licence number and date of expiry:**
  - (c) **Address of the issuing authority:**
  - (d) **Badge No in case of public service vehicle:** N/A.
8. **Name and address of the owner of the vehicle at the time of the accident:** Nilima Tirwa.
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:**
10. **Number of Insurance Policy/Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificate:**
11. **Registration particulars of the vehicle (class of vehicles):**
  - (a) **Registration No. :** WB 79 9672
  - (b) **Engine No.** JF 50E 880
  - (c) **Chassis No.** ME4JF50BGJ80
12. **Route Permit Particulars:**
13. **Action taken, if any, and the result thereof:** Kalimpong PS Case No. 03/24 Dated.03.01.2024 U/S. 279/337/338 IPC.

- Submitted

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

7603

Dist. Kalimpong P.S. Kalimpong Year 2024 FIR No. 03/24 Date 03.1.24  
i) Act Sections ..... ii) Act IPC Sections 279/33E/33B

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

(a) Occurrence of Offence : Day ..... Date From 01.01.24 Date To .....  
Time Period ..... Time From 22-30 hrs Time To .....

(b) Information received at P.S. Date 03.1.24 Time 18-25 hrs  
(c) General Diary Reference : Entry No(s) 106 Time 18-25 hrs

Type of Information : .....  
Place of Occurrence : (a) Direction and Distance from P.S. Approx-2km/Goal Beat No. ....

(d) Address 8<sup>1/2</sup> Mile Toproad - of an iron/metal workshop, Near a bifurcation  
to Cluny Women's College, Kalimpong.

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

Complainant / Informant :  
(a) Name Sri Jaydeep Chettri

(b) Father's / Husband's Name S/O - Balam Chettri

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

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

(f) Occupation .....  
(g) Address Dr. B.L. Dikshit Road, P.S. Top: Kalimpong.  
Details of known / suspected / unknown accused with full particulars - unknown Vehicle -  
(Attach separate sheet, if necessary) :

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 reproduced  
over leaf

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 - Neebue Tshering Dekpa of Kalimpong P.S. 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

15. Date & Time of despatch to the court :

S. Sarkar  
Signature of the Officer-in-Charge  
Inspector - In-Charge  
Kalimpong Police Station  
District Kalimpong  
Name : SARAN SARKAR  
Rank : No. SP/PT POLICE  
KALIMPONG P.S.

To,

The Inspector Incharge,

Police Station,

Kalimpong-734301

Date: 03.01.2024

SUB: COMPLAINT AGAINST HIT AND RUN

Sir,

I, Jaydeep Chettri, son of Padam Chettri, resident of Dr. B.L. Dikshit Road, P.O.P.S. and District Kalimpong would like to bring to your kind attention after receiving information from Aniket Kalikotay, son of N.B. Kalikotay, resident of Bagdhara, Kazi Compound, P.O.P.S. and District Kalimpong that on 01.01.2024 at about 10.30 pm while returning to his residence on a Honda Scooty bearing registration no. WB 79 9672 after dropping his cousin at Breathing Stone Hotel situated at 8th mile one vehicle hit Aniket Kalikotay at 8th mile, in front of an iron/metal workshop, near a bifurcation to Cluny Women's College kalimpong, and fled because of which he sustained severe injuries on his head, eye and leg.

He stated me that due to the severe head injury he does not have proper recollection of the chain of events that occurred thereafter, he recollects his brother Avinash Kalikotay taking him to the Kalimpong hospital and the said hospital referred him to go to Siliguri for further treatment.

So, I request you to take necessary actions against the Vehicle who hit Aniket Kalikotay and flew away.

Yours Truly

Jaydeep Chettri

9064517108



**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)

<b>FIR No.</b>	KPG PS Case No. 03/24
<b>Date</b>	03.01.2024
<b>Under Section</b>	279/337/338 IPC.
<b>Police Station</b>	Kalimpong

1.	<b>Date of Accident</b>	01.01.2024
2.	<b>Time of Accident</b>	22:30 hrs.
3.	<b>Place of Accident</b>	8 <sup>th</sup> Mile In Front of Iron Metal Workshop Near a bifurcation to Cluny Womens College Kalimpong
4.	<b>Source of Information</b>	Driver/Owner :Victim Witness Hospital Good Samaritan Police Others (Specify)
	<b>Name, mobile number &amp; address of the Informant</b>	
	Name	Jaydeep Chettri S/o Padam Chettri
	Mobile No.	9064517108
	Address	Dr. B.L Dixit Road, PS & Dist. Kalimpong
5.	<b>Nature of Accident</b>	Injury Fatal Damage/loss of property Any other loss/injury
	Number of Vehicles involved	01
	Whether Registration Number of the Offending Vehicle known	Yes No
	Whether offending Vehicle impounded by the police	Yes No
	Whether the driver of the offending vehicle found on the spot	Yes No
	Number of Fatalities	N/A
	Number of Injured	01
6.	<b>Details of the Hospital where victim(s) taken</b>	
	Hospital Name	NBHC
	Address	Siliguri
	Doctor's Name	
7.	<b>Availability of CCTV Footage</b> If yes, CCTV Footage be preserved and be filed with DAR	Yes No
8.	<b>Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)</b>	
	<b>Details</b>	<b>Vehicle 1 (Offending vehicle)</b>   <b>Vehicle 2</b>
	<b>Vehicle Details</b>	

	VehicleRegistrationNo.	WB 79 9672	
	<b>DriverDetails</b>		
	NameoftheDriver	Aniket Kalikotey	
	AddressofDriver	Bagdhara, Kazi Compound, PS & Dist. Kalimpong	
	MobileNo.ofDriver		
	<b>OwnerDetails</b>		
	NameoftheOwner	Nilima Tirwa	
	AddressofOwner		
	MobileNo.ofOwner		
	<b>InsuranceDetails</b>		

	InsurancePolicy No.		
	PeriodofInsurancePolicy		
	Name of Insurance Company		
	Address of Insurance Company		
9.	<b>Details ofVictim(s)</b>		
	<b>Name</b>	<b>Deceased/Injured</b>	<b>Address&amp;ContactDetails</b>
	i.	Aniket Kalikotey Injured	Bagdhara, Kazi Compound, PS & Dist. Kalimpong
	ii.		
	iii.		
	iv.		
	vi.		
10	<b>OtherAccidentDetails</b>		
	i.	ReportingDate&Time	03.01.2024
	ii.	Landmark	Approx. 20 KM West from Kalimpong P.S
	iii.	Severity	Fatal <b>Grievous Injury</b> Simple Injury HospitalizedSimple InjuryNonHospitalized No Injury
	iv.	Countof	Injured                      Death
		Drivers- <b>01</b>	-                                      -
		Passengers	
		Pedestrians	
		Animal	
	v.	CollisionType	Vehicle to Vehicle VehicletoPedestrian <b>Vehicle to Bicycle</b> Vehicle to Tricycle VehicletoAnimalDrivenCart Vehicle to Animal Skidding
vi.	CollisionNature	Head on Collision HitParkedVehicle Hit tree HitFixed/StationaryObject Hit from Back HitfromSide <b>Run off</b> <b>Road</b> Overturn Skidding/Overturn Sideswipe VehicleFellinGorge/Ditch/Well	

		Vehicle Fell in River
vii.	Initial Observation of accident scene	Non Provision of Parapets / Crash Barrier on Outer Curve Long Distance Covered / Driver Restless
		<p>Fell Down From Vehicle</p> <p>Illegal Parking on Road</p> <p>Blind Bend / Curve</p> <p>Alcohol abuse</p> <p>Carrying people in loaded vehicle</p> <p>Changing lane without care</p> <p>Dangerous Overtaking</p> <p>Distraction to Driver</p> <p>Driving against flow of traffic</p> <p>Drugs Abuse</p> <p>High Speed</p> <p>Inattentive Turn</p> <p>Accident Due to road Condition</p> <p>Accident Due to Weather Condition</p> <p>Accident due to Heavy Traffic</p> <p>Non-respect of right of way rules</p> <p>Red Light jumping</p> <p>Overloaded</p> <p>Accident due to Vehicle Defect</p> <p>Overspeed while crossing Zebra crossing</p> <p>Over speed while crossing speed breaker</p>
viii.	Weather Condition	<p>Sunny / Clear</p> <p>Cloudy</p> <p>Light Rain</p> <p>Heavy Rain</p> <p>Flooding of Causeway / Rivulets</p> <p>Hail / Sleet</p> <p>Snow</p> <p>Smoke / Dust</p> <p>Strong Wind Cold</p> <p>Hot</p>

ix.	LightCondition	Day <b>Twilight</b> t Darknesswithstreetlightson Darknesswithpoorstreetlight Darkness-Nostreetlight
x.	AccidentSpot	<b>ResidentialZone</b> Market Zone



		Institutional Zone OpenCommercial ZoneSchool Zone College Zone OtherEducationalInstitutionalZone(Specify) Govt. Institutional Zone Hospital Zone IndustrialZone Harbour Zone
xi.	Visibility	Lessthan25Meters 25 Meters 50 Meters 75 Meters 100MetersandAbove
xii.	LoadCondition(1)	ExcessPassengers Normally Loaded Empty NotKnown
xiii.	LoadCondition(2)	Excess Goods GoodsOverheight Goods Rear Overhanging Goods Side Overhanging Normally Loaded Empty NotKnown
xiv.	RoadClassification	Expressway National Highway State Highway MajorDistrictRoad OtherDistrictRoad Village Road Arterial Road SubArterialRoad Collector Road Local Road
xv.	LocalBody	Corporation Municipality Panchayat

xvi. P.I.S./EMPLOYEE No.: \_\_\_\_\_

**S.H.O./I.O**

**PhoneNo.:** \_\_\_\_\_

**P.S.** : \_\_\_\_\_

**Date** : \_\_\_\_\_

Documentstobeattached:

- i. CopyofFIR

Images/Videostobeattached:

- i. MainRestingPlaceofVehicle
- ii. DamagetoVehicle
- iii. DamagetoProperty
- iv. ObstructionsofObjectsonRoad
- v. Junction/RoadType
- vi. RoadSurface
- vii. SkidMarks
- viii. Surroundings
- ix. Anyfeaturewhichmightcontributeotheaccident
- x. OtherImages
- xi. OtherVide



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 30 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./O

P.I.S./EMPLOYEE No. : \_\_\_\_\_

Phone No. : 7318624478

P.S. : Kahmpoury.

Date : \_\_\_\_\_

**Acknowledgement of the Victim/Family Members/Legal Representatives**

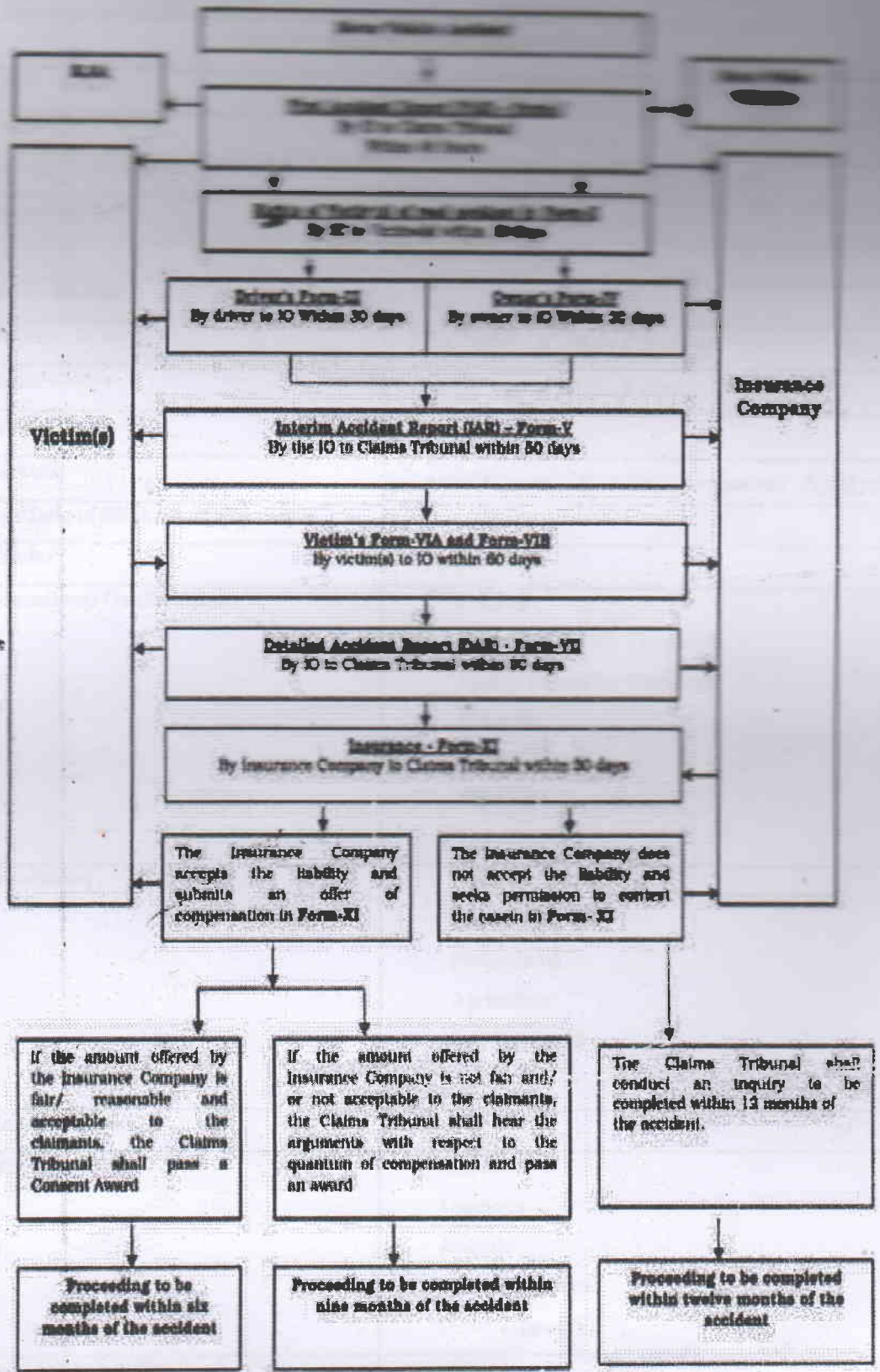
I have received this Form and the Flow Chart of the Scheme along with the copy of a blank Victim's Form-VI and Form-VIA.

\_\_\_\_\_  
**Victim/Family Members/Legal Representatives**

Date : \_\_\_\_\_

**FLOW CHART OF THE CLAIMS PROCESS**

**CLAIMS PROCESS**



FORM 1

DRIVER FORM

By Driver of the vehicle(s) to Investigating Officer: With a copy to be submitted to the  
Copy to Victim(s) and Insurance Company

FIR No. 6324	<i>20/01/24</i>
Date: 20/1/24	<i>20/01/24</i>
Under Section: 279/337/338 IPC	<i>279/337/338/IPC</i>
Police Station: Kalimping	<i>P.S. Kalimping</i>

1.	<b>Driver Details</b>	
	Name	<i>Anket Rahikotey</i>
	Father's Name	<i>N.B. Rahikotey</i>
	Mobile No.	
	Address	<i>Bagdhava, Kazi compound. Post Dka to</i>
2.	Age/Date of Birth	
3.	Gender	<i>Male</i>
4.	Educational Qualifications	Primary Senior Secondary Certificate Higher Secondary Certificate Graduate Postgraduate Doctorate Uneducated
5.	Occupation	Private Service Government Job Professional Agriculture Self-Employed Others
6.	Monthly Income	Does not arise
7.	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
8.	Driving Licence No.	
9.	Period of Validity of Licence	
10.	Licensing Authority	

11.	Vehicle Registration No.	
12.	Vehicle Type	Scorpio
13.	Owner Details	
	Name	Adhikar Kumar
	Mobile No.	
	Address	
14.	Insurance Details	
	Policy No.	<del>1111111111111111</del>
	Period of Policy	<del>From 12/01/2018 to 31/12/2018</del>
	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 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

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

**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. Driving Licence
- iii. Insurance Policy



By Order of the Investigator *[Signature]*  
 Captain *[Signature]*

FIR No.	<i>08/2018</i>
Date	<i>08/01/2018</i>
Under Section	<i>279/277/304/304A</i>
Police Station	<i>[Signature]</i>

<b>1. Vehicle Details</b>	
Registration No.	<i>WD-B-79-9672</i>
Colour	<i>Trance Blue Metallic</i>
Make	<i>Trance Blue Metallic</i>
Model	<i>—</i>
Year of Manufacture	<i>—</i>
Chassis No.	<i>07/2018</i>
Engine No.	<i>ME4JF50B6J6032344</i>
Registering Authority Name	<i>JE50E8803235L</i>
Vehicle Type	<ul style="list-style-type: none"> <li>Motorised 2-wheeler <input checked="" type="checkbox"/></li> <li>Auto</li> <li>Car/Jeep/Taxi</li> <li>Cycle</li> <li>Rickshaw</li> <li>Bicycle</li> <li>Hand Drawn Cart</li> <li>Tempo/Tractor</li> <li>Bus</li> <li>Truck/Lorry</li> <li>Animal Drawn Cart</li> <li>Heavy Articulated Vehicle/ Trolley</li> <li>Not Known</li> <li>Other (Specify)</li> </ul>
Vehicle Use Type	<ul style="list-style-type: none"> <li>Private Vehicle <input checked="" type="checkbox"/></li> <li>Commercial Vehicle</li> <li>Goods &amp; Carriage</li> <li>Garbage Truck</li> <li>Taxi/Hired Vehicle</li> </ul>

		Public Service Vehicle Educational Institution Bus Other (Specify)
2.	<b>Owner Details</b>	
	Name <i>In case of a company, give name of person in charge in terms of section 199 of the Motor Vehicle Act, 1988</i>	ADULT TIRU...
	Father's Name	N.M. GASTANI
	Mobile No.	
	Address	BELONG CHAERNSIA CAMPUS ROAD
	Occupation	
3.	<b>Driver Details</b>	
	Name	ANIKET KALIKOTEY
	Father's Name	N.B. KALIKOTEY
	Mobile No.	
	Address	BAGDHARA KAZZ COMPOUND, PS + DIST KALIA
	Driving Licence No.	
	Period of Validity	
	Licensing Authority	
4.	<b>Insurance Details</b>	
	Policy No.	1506073/236760002869
	Period of Policy	16-01-2024 to 15-01-2025
	Name of Insurance Company	NATIONAL INSURENCE
	Address of Insurance Company	KALIMONG BRANCH BAGDHARA ROAD NEAR CH...
	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.	<b>In case of commercial vehicle</b>	
	Permit details	—
	Fitness details	—
6.	<b>Whether the owner reported the accident to the Insurance Company</b>	Yes No ✓
7.	<b>Other details</b>	
i.	Load Category	Passengers Goods
ii.	Age of vehicle	

iii.	Vehicle Description	<del>XXXXXXXXXX</del>
iv.	Pollution under Control Certificate Validity	<del>XXXXXXXXXX</del>
v.	Tax Details	<del>XXXXXXXXXX</del>
vi.	Seat Capacity	<del>XXXXXXXXXX</del>
vii.	Insurance Company	<del>XXXXXXXXXX</del>

**Verification:**

Verified at XXXXXXXXXX on XXXX/XX/XX at XXXXXXXXXX in the presence of XXXXXXXXXX and XXXXXXXXXX whose 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

**INTER-ACCIDENT REPORT**  
 By: *[Signature]*  
 Date: *[Signature]*  
 Case No. *[Signature]*

FIR No.	03/2024
Date	03/07/2024
Under Section	279/33/2002/A
Police Station	Rathapuzha

1.	Date of Accident	01-01-2024
2.	Time of Accident	10:30 PM
3.	Place of Accident	815 mile
4.	<b>Offending Vehicle</b>	
	Registration No.	Unknown
	Vehicle Make	
	Vehicle Model	
5.	<b>Driver of the offending vehicle</b>	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence	Permanent Learner's Juvemie Without License Others (Specify)
	Driving Licence No.	
	Validity of Licence	
	Licensing Authority	
6.	<b>Owner of the offending vehicle</b>	
	Name	
	Father's Name	
	Mobile No.	
	Address	
7.	<b>In case of commercial vehicle</b>	
	Permit details	
	Fitness details	
8.	<b>Insurance Details</b>	

	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of the Insurance Company	
9.	Witness(es) to the accident	
	Witness-1: Name	Sandeep Kumar
	Mobile No.	
	Address	
	Witness-2: Name	Ravi Kumar
	Mobile No.	
	Address	
	Witness-3: Name	
	Mobile No.	
	Address	
	Witness-4: Name	
	Mobile No.	
	Address	
10.	Brief description of the Accident	
11.	Details of compliance(s)	
i.	Date of filing of First Accident Report (FAR)	
ii.	Date of uploading FAR on the website of Delhi Police	03/01/2024
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>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Passenger details	
i.	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG

ii.	Occupation	Adviser Attorney Clerk Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Severity	Fatal
		Grievous Injury ✓ Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iv.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand ✓ Head 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	<input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized
vii.	Education	<input checked="" type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate and above <input type="checkbox"/> Uneducated
viii.	Passenger Position	<input type="checkbox"/> Back Truck or Pick up <input type="checkbox"/> Bus Passenger <input type="checkbox"/> Front Seat <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pillion Rider <input type="checkbox"/> Rear Seat
ix.	Seatbelt/ Hemet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known
x.	Passenger Action	<input type="checkbox"/> Standing <input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Boarding <input type="checkbox"/> Falling <input type="checkbox"/> Alighting
xi.	Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreigner
13.	Pedestrian Details	
i.	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG
ii.	Severity	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Grievous Injury <input type="checkbox"/> Simple Injury Hospitalized <input type="checkbox"/> Simple Injury Non Hospitalized <input type="checkbox"/> No Injury
iii.	Mode of Hospitalization	<input type="checkbox"/> 108 Ambulance <input type="checkbox"/> Not Hospitalized <input checked="" type="checkbox"/> By Self <input type="checkbox"/> Private Ambulance <input type="checkbox"/> Private Vehicle

iv.	Hospitalization Delay	<input type="checkbox"/> 0 Minutes <input type="checkbox"/> 0 Minutes - 1 Hour <input type="checkbox"/> 1 Hour - 2 Hours <input checked="" type="checkbox"/> 2 Hours <input type="checkbox"/> Not Hospitalized
v.	Education	<input type="checkbox"/> High School <input checked="" type="checkbox"/> Standard 11 to 12 <input type="checkbox"/> Plus 2 <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate and above <input type="checkbox"/> Uneducated
vi.	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 <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Not Applicable <input type="checkbox"/> Shoulders Injury <input type="checkbox"/> Abdominal
vii.	Pedestrian Position	<input type="checkbox"/> At the Pedestrian Crossing <input type="checkbox"/> Within 50 meters of Pedestrian Crossing <input type="checkbox"/> At the Traffic Island <input checked="" type="checkbox"/> At the Footpath <input type="checkbox"/> At the Shoulder of the Road <input type="checkbox"/> At the Right Hand Side of the Road <input type="checkbox"/> At the Centre of Road



viii.	Occupation	<del>Advisor</del> <del>Banker</del> <del>Bar</del> <del>Barber</del> <del>Driver</del> <del>Engineer</del> <del>Farmer</del> <del>General Laborer</del> <del>Housewife</del> <del>Police Officer</del> <del>Police Constable</del> Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
ix.	Nationality	Indian Foreigner

S.H.O. I

P.S. EMPLOYEE No. : \_\_\_\_\_

Phone No. : 731862947

P.S. : Kahmpore

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

**FIR**

**VICTIM'S CLAIM STATEMENT**

By Victim(s) claimant/s ~~and Medical Officers & Investigating Officer~~  
Case No. ~~1013/799672~~ of 2024

FIR No.	03/24
Date	03/01/2024
Under Section	279/337/304/IPC
Police Station	Kachhapur

1.	Date of Accident	01/01/2024
2.	Time of Accident	at 10:30 hrs
3.	Place of Accident	815 mile
4.	Nature of case	Simple Injury Grievous Injury ✓ Fatal Damage/loss of the property Any other loss/injury
5.	Registration Number of the offending vehicle	<del>1013 799672</del>
6.	Owner Details	
	Name	
	Address	
7.	Driver Details	
	Name	
	Address	
8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	

**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 Return for the last three years</i>				
19.	Whether the deceased was the sole earning member of the family				
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 or private 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.				
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.				
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.				
<b>INJURY CASE</b>					
25.	Name of the Injured <i>Aniket kalikotey</i>				

26.	Father's Name	[Handwritten]		
27.	Address of the Injured	[Handwritten]		
28.	Contact No. of Injured			
29.	Age / Date of Birth			
30.	Gender of the Injured	[Handwritten]		
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 <del>subject</del> to Income Tax If yes, file the copy of Income Tax Returns for the last three years	Yes	No	
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 If yes, give details	Yes	No	
41.	Details of the family of the Injured			
	Name	Age / Date of Birth	Gender	Relation
	i.			
	ii.			
	iii.			
	iv.			
	v.			
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.	<b>Pecuniary Losses suffered</b>		
i.	Expenditure on treatment		
ii.	If treatment is still continuing, give the estimate of expenditures likely to be incurred on future treatment		
iii.	Expenditure on conveyance, special diet, attendant charges, etc.		
iv.	Loss of income		
v.	Loss of earning capacity		
vi.	Any other pecuniary loss/damage		
44.	Whether the injured got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme If yes, provide details	Yes	No
45.	Value of loss/ damage to the property	NO	
46.	Any additional information.	NO	
47.	Brief description of the accident	Heavy Speed	
48.	Compensation claimed		
49.	Hospital details		
i.	PMJAY Empanelled	Yes	No
ii.	Hospital name	Kalyanji Hospital	
iii.	State	West Bengal	
iv.	District	Kalyanji.	
v.	Address		
vi.	Pincode		
vii.	Hospital Type	Government <input checked="" type="checkbox"/>	Private
viii.	Classification (if Government)	Primary Health Centres Community Health Centres District Hospitals <input checked="" type="checkbox"/> Medical Colleges and Research Institutions	
ix.	Speciality (if Private)		

~~Allergy~~  
~~Anesthesiology~~  
~~Bariatric~~  
~~Basic Science~~  
~~Clinical Oncology~~  
~~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

		<p>Language</p> <p>Vascular Surgery</p> <p>Wound Care</p> <p>ENT</p>
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.	<b>Patient's details</b>	
i.	Patient Type	<p>Medico Legal Death - Out Patient (MLD-OP)</p> <p>Medico Legal Death - In Patient (MLD-IP)</p>
ii.	In Patient/Out Patient	
iii.	Time of Arrival	
iv.	Patient Name	<i>Ariket Kahrkoty</i>
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	<p>Male <input checked="" type="checkbox"/></p> <p>Female</p> <p>TG</p>
viii.	Injury Severity	<p>Fatal</p> <p>Grievous Injury <input checked="" type="checkbox"/></p> <p>Simple Injury Hospitalized</p>

ix.	Relation (if Male / TG)	<del>Spouse</del> Father
x.	Relation (if Female)	<del>Spouse</del> Mother <del>Child</del>
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	<input type="checkbox"/> Voter ID <input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <input type="checkbox"/> 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	<input type="checkbox"/> Back Injury <input type="checkbox"/> Buttocks Injury <input type="checkbox"/> Chest Injury <input type="checkbox"/> Face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Not applicable <input type="checkbox"/> Shoulders Injury <input type="checkbox"/> Abdominal
ii.	Trauma Flag / Triage	<input type="checkbox"/> Red <input type="checkbox"/> Yellow



		Green Black No Pre-Arrival Information Not recorded or inadequately described Blunt Abdominal Trauma
iii.	Injury Nature	<b>Cranial Trauma</b> <b>Fracture or Dislocation of Bone or Joint</b> <b>Severe Cont</b> 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	<b>Surgical Management</b> 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

DISTRICT & EMERGENCY DEPARTMENT  
 HOSPITAL

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.	<b>Drunkenness Certificate</b>	
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

xiv.	Finger prints	Present
xv.	Handwriting	Present
xvi.	Special examination of Bank & etc	Present
xvii.	Reflexes	Present
xviii.	Any other findings / injuries on the body	Sluggish
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/penditure 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 \_\_\_\_\_ 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.			

# SEIZURE LIST

P.R. No - 33/24

10406

REF: Ref Kalmpong PS case no - 03/24 dt 08.01.2024 u/s 279/337/238/1A

1. DATE & TIME OF SEIZURE : 01-18.02.2024 at - 19:15 hr
2. PLACE OF SEIZURE : Kalmpong p.s.
3. FROM WHOM SEIZED : Being produce by Nitesh Triwan sp late Narsing train of Bag dhara Road Baku Duran sala p.s + Dist Kalmpong.
4. NAME OF WITNESS

(I) Nitesh Triwan  
Sp late Narsing Triwan

(II) C/193 Rupesh Bhuwal  
of Kalmpong ps

5. DESCRIPTION OF SEIZED ARTICLES
- (1) One certificate of Registration Being no - 0.B.799672 in the name of respect Nihina Triwan. u/s N.M. Ghatia
  - (2) National Insurance company Ltd. policy no - 15060731236760002869. (valid up to (15-01-2024 to 15-01-2025) in the name of respect Nihina Triwan.
  - (3) Authorisation letter of Aniket - Kalkotary. (valid up to (1-12-2025)

6. SIGNATURE OF WITNESS

Seize as above

(I) Nitesh Triwan

(II) C/193 Rupesh Bhuwal



A.S.I. Nandhu Isri  
of Kalmpong ps

SEIZED BY ME



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



Registration No : WB799672  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : S.S. MOTORS, KALIMPONG  
 Owner Name : NILIMA TIRUWA  
 Full Address: (Permanent) : BELOW DHARAMSHALA BAGDHARA PATH, KALIMPONG, KALIMPONG, KALIMPONG, WEST BENGAL-734301  
 Full Address: (Temporary) : BELOW DHARAMSHALA BAGDHARA PATH, KALIMPONG, KALIMPONG, KALIMPONG, WEST BENGAL-734301

Fitness UpTo : 18-Sep-2033  
 Owner Serial No : 1  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HONDA MOTORCYCLE AND SCOOTER INDIA (P) LTD  
 Front HSRP No : BA111531189  
 Type of Body : FULLY BUILT  
 No of Cylinders : 1  
 Engine No : JF50E88032351  
 Horse Power(BHP) : 7.85  
 Maker's Classification : ACTIVA 5G  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : TRANCE BLUE METALLIC  
 Other Criteria :  
 Registration Date : 15-Sep-2018  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : N U GHATA  
 Tax UpTo : One Time  
 Link Vehicle No :  
 Norms : BHARAT STAGE IV  
 Rear HSRP No : BA132057556  
 Month/Year of Manuf. : 07/2018  
 Chassis No : ME4JF50BGJ8032344  
 Fuel : PETROL  
 Cubic Capacity : 109.19  
 Wheel base : 1238  
 Standing Cap : 0  
 Unladen Wt (kgs) : 109  
 Laden/GV Wt (kgs) : 278  
 AC Fitted : NO

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

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of H D F C BANK LTD, SILIGURI, SILIGURI, SILIGURI, Darjiling, West Bengal-734001 w.e.f. 30-Aug-2018.

Purchase dt : 30-Aug-2018  
 OTT Date : 30-Aug-2018  
 TaxUpTo : One Time  
 Tax Exempted or Not : NOT EXEMPTED  
 Other State/Transfer/Conversion Details :  
 Preyious Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 67141/-  
 Amount/Rcpt No : 6043 / WB78D18080000204  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 19-Sep-2018  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

Date : 05-Nov-2018 12:11:27  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Registering Authority  
 Date : 05-Nov-2018  
 Kalimpong

# GOVERNMENT OF WEST BENGAL

## State Transport Department

### Kalimpong RTO.WB



RECEIPT/APPL No: WB78D18080000204/WB18083094030074  
 Vehicle Class: M-Cycle/Scooter  
 Received From: NILIMA TIRUWA  
 Receipt Date: 30-Aug-2018  
 Vehicle No: NEW  
 Sale Amount : 67141/-  
 Transaction Id: 0731808302235926

Chassis No: MEUP33GJ6E2344  
 Financer Name: HDFC BANK LTD  
 Bar Ref No: 38977123

Particular	Amount	Penalty	Total
Service/User Charge	20	0	20
MV Tax(30-Aug-2018 to One Time)	6043	0	6043
Transaction Fee	20	0	20
Showroom Inspection Fee	50	0	50
Hypothecation Addition	500	0	500
New Registration	300	0	300
<b>GRAND TOTAL (in Rs): 6933/- (SIX THOUSAND NINE HUNDRED AND THIRTY THREE ONLY)</b>			

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

DIPEN RAI  
S.S. MOTORS

The Applicant is to draw the vehicle  
 Serial No WB-79-9672  
 Class No

The approved signature of the Driver contained by the licensee

Signature of driver

Signature of registered owner

ATTENDED BY ME

NAME NILUWA

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*





## AUTHORISATION LETTER

To

Sri/Smt./Miss: Mr. ANIKET KALIKOTAY

✓  
Son/Daughter/Wife of N. B. KALIKOTAY

Address BELOW DHARMAHALA, KADI COMPOUND  
BAGHARA ROAD KALIMPONG - 734301



Driving Licence No. \_\_\_\_\_ Book No. \_\_\_\_\_

Reg: Authorization to drive the vehicle

Vehicle No. WB 79 9672

Chasis No. \_\_\_\_\_

Engine No. \_\_\_\_\_

Model: \_\_\_\_\_

Class of vehicle: \_\_\_\_\_

I, the undersigned, the registered owner of the above vehicle do hereby authorize the above person to drive my vehicle (above vehicle mentioned) and hand over the said vehicle to the above person including all the relevant documents for driving the vehicle.

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

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

Signature of driver

ATTESTED BY ME:

Signature of registered owner

Name NILIMA TIRUWA

Son/Daughter/wife of Mr. Nareshing

Address: Bagolhaea Road

Valid upto 11/12/2025

**Issuing Office Name & Address**  
 KALIMPONG BRANCH, BAGDHARA ROAD, NEAR CROWN LODGE, 2ND FLOOR,  
 KALIMPONG - 734301  
 Tel: 03552 255561 (G) Fax:  
 GSTIN No: 19AAACN9967E120



**National Insurance Company Ltd.**  
 Registered & Head Office: PREMISES NO 18-3374, PLOT NO CSD-11, NEW TOWN, KOLKATA-700135  
**CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE**  
 Form 51 of the Central Motor Vehicle Rules, 1989 as amended from time to time

Policy No: 15060731236760002669 2W 1 Year Liability Only from 14.26 Hrs of 16/01/2024 to Midnight of 15/01/2025

**Insured Details**

Name : NILIMA TIRUWA  
 Address : BELOW DHARMASHALA BAGDHARA PATH, KALIMPONG, WEST BENGAL  
 Pincode : 734301 Telephone : 8345228648 Email : 150607@nic.co.in  
 PAN No. : GSTIN No. : Aadhar No. : xxx xxx 0916  
 Channel : WANGDEN SHERPA Mobile : 9775392656 Email : sherpawangden64@gmail.com  
 Aadhar : PAN : xxxxx840C Code : 874557 / 9000170561

**Vehicle Details**

Make & Model	Two Wheeler Honda ACTIVA 5G STD BS VI						
Reg. No.	Engine No.	Chassis No.	Type of Body	CC	Mfg. Year	Seat Cap.	Reg. District
WB-79-9672	JF50E88032351	ME4JF50BGJ8032344		110	2018	1+1	DARJILING

Geographical Area : INDIA.  
 FastTag ID : .

Vehicle IDV	Non Elec Access.	Elec Access.	Bi-fuel kit	Trailer	Total IDV
-	-	-	-	-	-

OD Premium Breakup in Rs.		TP Premium Breakup in Rs.	
Basic OD Premium		Basic TP Premium	714.00
(+) Geographical Area Extension	-	(+) Geographical Area Extension	-
(-) Vol. Excess Discount	-	(+) WC for Driver	-
(-) Auto. Assoc Discount	-	(+) PA to owner driver	YES 295.00
(-) Anti-theft Discount	-	(+) PA to unnamed PAX ( 1 No. x Rs. 1,00,000 )	YES 70.00
(-) Other Discount	-	(-) Discount For Limited TPPD	-
(-) NCB Discount	-	TP Total (Rounded Off)	1,079.00
(+) Nil Depreciation	-	OD Total (Rounded Off)	
(+) Nil Depreciation Plus	-	TOTAL PREMIUM	1,079.00
(+) NCB Protect	-	GST	154.00
(+) Engine Protect	-	NET PAYABLE	1,273.00
(+) Invoice Protect	-	Collection Number : 15060781236000005378 dated 16-Jan-2024	
OD Total (Rounded Off)		Subject to IMT Endorsement No. 16.24.25	

**Excess :** Compulsory: Rs. 0 Imposed: Rs. 0 Voluntary: Rs. 0

**Limitation as to use :** The Policy covers use of the Vehicle for any purpose other than (a) Hire or Reward (b) Damage of Goods (other than samples or personal luggage) (c) Organized racing (d) Pace making (e) Speed Testing and Reliability Trials (f) Use in connection with Motor Trade

**Drivers Clause :** Any person including insured Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's Licence may also drive the vehicle and such a person satisfies the requirements of Rule 3 of Central Motor Vehicles Rules, 1989 as amended from time to time.

**Limits of Liability Clause:** Under section 1(i) Such amount as is necessary to meet the requirements of the motor vehicle act 1988. Under section 1(ii) Damage to third party property is Up to Rs. 1,00,000. PA Cover under section 3 for owner-driver is Rs. 15,00,000.

**IMPORTANT NOTICE :** The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reasons of wider terms appearing in the certificate in order to comply with the Motor Vehicles Act 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation, English version will hold good.  
 UIN : IRDAN058P0035V01100001

**Financier :** SELF OWNED

**Prev Policy :** Not Available

**Nominee Name :** MR TIRUWA **Relation :** BROTHER **Age :** 25 Years

NOTE : Warranted that in case of dishonour of the premium cheque, this document stands automatically cancelled 'AB-INITIO'.  
 Policy stamp to be defaced at the respective policy servicing office.  
 TP Rate Revision Notice: For all policies having an effective date on or after 1st April 2023, the TP premium is subject to revision as may be notified by the IRDAI.  
 The Insured should contact and submit the difference of premium to the policy issuing office on issuance of such notification by IRDAI.

We hereby certify that this Certificate cum Schedule of Insurance is issued in accordance with the provisions of chapter X and chapter XI of Motor Vehicles Act, 1988.

**Policy Details**

**For and on behalf of National Insurance Co. Ltd.**  
 Kalimpong Branch  
 Authorised Signatory  
 नेशनल इन्सुरेन्स कंपनी लिमिटेड  
 National Insurance Company Limited  
 कालिबुड शाखा की ओर सऽ

**Authorised Signatory**  
 अधिकृत हस्ताक्षरकर्ता

**Servicing Office Address**

Kalimpong Branch, Bagdhara Road, Near Crown Lodge, 2nd. Floor, Kalimpong  
- 734301  
GSTIN No: 19AAACN9967E1Z0

**RECEIPT****Customer Details**

**Name :** NILIMA TIRUWA  
**Address :** BELOW DHARMASHALA BAGHDHARA  
PATH, KALIMPONG , WEST BENGAL ,  
**Pin Code :** 734301

**Collection Details**

**Agent Code :** 9000170561  
**Collection Number :** 150607812380000053  
**Collection Date :** 16/01/2024  
**Bank Account :** 9172

Received with thanks from Sri/Smt NILIMA TIRUWA  
a sum of ₹ 1273 (RUPEES ONE THOUSAND TWO HUNDRED SEVENTY THREE ONLY) by CD  
towards 1 Year Liability Only Policy as per details given hereunder

Sl No.	Policy Number	TR Code	End/Ren/Dec/Clim Year	End/Ren/Dec/Clim Number	A/C Particulars	A/C Head (General Ledger)	Credit Amount ₹	Debit Amount ₹	Amount Received ₹
1	15060731236760002869	11			C.D CONTROL A/C	5076	0.00	1273.00	-1273.00
2	15060731236760002869	11			CASH PREMIUM A/C	5083	1079.00	0.00	1079.00
3	15060731236760002869	11			CGST_WB_Int_Liab	7031	97.00	0.00	97.00
4	15060731236760002869	11			SGST_WB_Int_Liab	7032	97.00	0.00	97.00
<b>TOTAL :</b>							<b>1273.00</b>	<b>1273.00</b>	<b>0.00</b>

**Particulars : CD**

1. Please quote collection no. and date in all correspondences
2. The stamp has been defaced and retained at the office against the issued policy.
3. We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

For National Insurance Company Ltd  
National Insurance  
Kalimpong Branch  
प्रवीण कुमार गुप्ता / Praveen Kumar Gupta  
मुख्य प्रबन्धक / Chief Manager  
नेशनल इन्श्योरेंस कंपनी लिमिटेड  
National Insurance Co. Ltd  
प्रधान कार्यालय / HEAD OFFICE  
अधिकृत हस्ताक्षर / Authorised Signatory