

**FORM 54**  
[See rule 150(1) and (2)]  
**ACCIDENT INFORMATION REPORT**

- |  |   |
|--|---|
| <b>1. Name of the Police Station</b>                                 | <b>Kalimpong Police Station</b>   |
| <b>2. CR No./Traffic accident report</b>                             | <b>Kalimpong P.S. case No 36/2024 dtd. 13/03/2024 u/s 279/337/338 IPC.</b>  |
| <b>3. Date time and place of the accident</b>                        | <b>13/03/2024 at 11.30 hrs at NH-10, 8<sup>th</sup> Mile, near Mamkhola, PS/Dist. Kalimpong.</b>  |
| <b>4. Name and full address of the Deceased</b>                      |   |
| <b>5. Name of the hospital to which he/she was removed</b>           |   |
| <b>6. Registration number of vehicle and the type of the vehicle</b> | <b>(1) WB 73D- 1428 Truck (Offending vehicle) &amp;<br/>(2) MP28CB 5739 (victim vehicle).</b>   |
| <b>7. Driving licence particulars</b>                                |   |
| <b>(a) Name and address of the driver</b>                            | <b>(i) Prabin Tamang s/o Norbu Tamang of 5<sup>th</sup> Mile, Tashiding Busty, PS / Dist. Kalimpong (Offending vehicle's Driver) and<br/>(ii) Manoj Menon S/o Shri Surendra Menon of Shivam Sundram Colony Chhindwara, Madhya Pradesh- 480001 (Victim vehicle's driver)</b> |
| <b>(b) Driving licence number and date of expiry</b>                 | <b>(i) D/L No WB78 2002 0000305 valid upto (T) 01.12.2024 of Prabin Tamang and<br/>(ii) D/L No MP28R 2020 0054737 valid upto 13.05.2030 of Manoj Menon.</b>   |
| <b>(c) Address of the issuing authority</b>                          | <b>(i) Issuing Authority, L.A. Kalimpong (offending driver) and (ii) Licencing Authority RTO Chhindwara (victim driver)</b>   |
| <b>(d) Badge No in case of public service vehicle</b>                | <b>N/A</b>  |
| <b>8. Name and address of the owner of</b>                           | <b>(i) Udean Subba W/o Prabin Tamang</b>  |

The vehicle at the time of the accident.

of 6th Mile, Purbong Busty, PS/Dist Kalimpong. (Owner of vehicle- WB 73D 1428 SML truck).

(ii) Manoj Menon s/o Shri Surendra Menon of Shivam Sundram Colony Chhindwara, M.P. 480001. (Owner of Nissan car MP 28CB 5739).

9. Name and address of the insurance Company with whom the vehicle was Insured and the particulars of the :

Shriram General Insurance Company Limited  
E-8, EPIP, Sitapura Industrial area, Jaipur,  
Rajasthan-302022.

10. Number of insurance policy/  
Insurance certificate and the  
Date of validity of the insurance  
Policy/insurance certificate:

(i) Policy No 10003/31/24/524386  
& validity 07/03/2025 Midnight.

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

(a) Registration No

(i) WB 73D 1428 (Offending vehicle).  
and (ii) MP28CB 5239 (victim vehicle).

(b) [Engine Number or Motor

Number in the case of Battery

(i) SLT3CX186156 of WB 73D 1428.

(ii) H5HA450D53541 of MP28CB 5239.

(C) Chassis No.

(i) MBUZZT54XCX0192525 of WB 73D 1428.

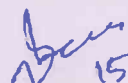
(ii) MDHFCAD15L3000141 of MP28CB 5239.

12. Route permit particulars

13. Action taken. If any and the result

Investigation proceeded

Submitted

 15.03.2024

(ASI Samir Lepcha)  
Melli OP, PS Kalimpong.

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

Dist Kalimpong P.S. Kalimpong Year 2024 FIR No. 36/24 Date 13-03-24 76364

i) Act IPC Sections 279/334/338 ii) Act X Sections X

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

(a) Occurrence of Offence : Day Wednesday Date From 13-03-24 Date To

Time Period Evening Time From 11:30 hrs Time To

(b) Information received at P.S. Date 13-03-24 Time 20:15 hrs

(c) General Diary Reference : Entry No(s) 540 Time 20:15 hrs

Type of Information : Written / Oral

Place of Occurrence : (a) Direction and Distance from P.S. 18 KM South Beat No.

(d) Address 8th Mile, Nam Khola, P.S. & Dist Kalimpong

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

Name of the P.S. X District X

Complainant / Informant :

(a) Name Arjun Chettri

(b) Father's / Husband's Name Mr. Sam B. Chettri

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

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

(f) Occupation

(g) Address Melli, P.S. & Dist Kalimpong

Details of known / suspected / unknown accused with full particulars

(Attach separate sheet, if necessary) :

Driver of Truck bearing Reg  
No. COB-73-D-1428

Reasons for delay in reporting by the Complainant / Information

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

one vehicle bearing No. MP28-CB-5739

Total value of properties stolen / involved X

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

FIR Contents (Attach separate sheets, if required) : The original written complaint of the complainant which is treated as FIR is attached herewith.

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 N.S.I. Samir Dasgupta 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.

Taken in Original  
written Complaint  
14. Signature / Thumb impression  
of the Complainant / Informant

13.3.24  
Signature of the Officer in Charge  
Kalimpong Police Station  
Name : Shri. N. S. Sanjay Kumar  
Rank : No. I/C Kalimpong P.S.

15. Date & Time of despatch to the court :



सेवामा,

थाना अधिकारी  
कोलम्पोङ्ग न्याया  
निष्ठता कोलम्पोङ्ग

विषय : बाडी दुर्घटना तारको विषयमा  
जानकारी।

महान्वय,

म. अर्जुन देवी पिता: स्व. ज्ञान  
बहादुर देवी मकली निवासी, हफ्तर समुदा  
को जानकारी ताराउँदैछु, कि आज दिउँसा  
13/03/24 कोलम्पोङ्ग समुदा 11:30 तार म आफ्ना  
काम तिरर रम्फु तर्फ ठाउँदैछु तिरर  
अन्तर्गत 8th, Mile, Mahakhol सामुनेमा  
रुडि ट्रक जाँको नम्बर 08-7301428 र  
अर्को सात ठाउँ जाँको नम्बर MP-28 र  
CB-5F39 एक अर्कोमा ठोकीर पुगेको  
र उक्त सात ठाउँमा स्वारी तारको केहि  
तारको तारो भारीक चोट लागेको  
हुनाले हामीले रुडि ठाउँमा लवरेन  
कोरर Rongpo Hospital मा उपचारको  
निमित्त पठाए र ट्रक ठाउँ बाहिर फेरि  
माथमा speed निगे र हफ्तर समुदा  
विषयमा जानकारी ताराउँदैछु।

Received on 13-03-  
24 at 15:15 hrs vide  
K.P.C. PS. G.D.E. No.  
540 of 13-03-24  
by O/C. Malli O.P.  
P.S. Case No. 36/24  
of 13-03-24 u/s  
279/337/338  
I.P.C.

13.3.24.  
Inspector-in-Charge  
Kaliyong Police Station  
Dist. Kalimpong

Received on: 13/03/24 at 19:35 hrs  
vide Malli O.P. G.D.E. No. 361/24  
at 13:03:24 & forwarded  
to I/C, Kalimpong P.S. with a  
request to start specific under  
proper section of law.

13/03/24  
OFFICER-IN-CHARGE  
MALLI, O.P. POST  
P.S. KALIMPONG

अर्जुन देवी

13/03/24

**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.	36/2024	
Date	13.03.2024	
Under Section	279/337/338 IPC	
Police Station	KALIMPONG PS	
1.	Date of Accident	13.03.2024
2.	Time of Accident	11.30 hrs
3.	Place of Accident	NH-10, 8 <sup>th</sup> Mile, near Mamkhola
4.	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police Others (Specify)
	Name, mobile number & address of the Informant	
	Name	Arjun Chettri
	Mobile No.	9832375094
	Address	Melli, PS & Dist. Kalimpong.
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number involved of Vehicles	02 (Two)
	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
	Number of Fatalities	
	Number of Injured	02
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	Rangpo Primary Health Centre,.
	Address	Rangpo, East Sikkim
	Doctor's Name	

	<b>Availability of CCTV Footage</b> If yes, CCTV Footage be preserved and be filed with DAR	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>	
	Vehicle Registration No.	WB 73D 1428      MP 28CB 5739
	<b>Driver Details</b>	
	Name of the Driver	Prabin Tamang      Manoj Menon
	Address of Driver	5 <sup>th</sup> Mile, Tashiding Busty, PS & Dist Kalimpong      Shivam Sundram Colony, Chhindwara, MP 480001
	Mobile No. of Driver	9145688100      6262112626
	<b>Owner Details</b>	
	Name of the Owner	Udean Subba      Manoj Menon
	Address of Owner	6 <sup>th</sup> Mile, Purbong Busty, PS & Dist Kalimpong      Shivam Sundram Colony, Chhindwara, MP 480001
	Mobile No. of Owner	6262112626
	<b>Insurance Details</b>	

	Insurance Policy No.	10003/31/24/524386	
	Period of Insurance Policy	07/03/2025 Midnight	
	Name of Insurance Company	Shriram General Insurance Company Limited	
	Address of Insurance Company	E-8, EPIP, Sitapura Industrial area, Jaipur, Rajasthan-302022.	
9	<b>Details of Victim(s)</b>		
	<b>Name</b>	<b>Deceased /Injured</b>	<b>Address &amp; Contact Details</b>
i			
ii			
iii.			
iv.			
v.			
vi.			
10	<b>Other Accident Details</b>		
i	Reporting Date & Time		
ii.	Landmark	NH-10 8 <sup>th</sup> Mile, near Mamkhola	



ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Death
	Drivers		
	Passengers	02 (Two)	
	Pedestrians		
	Animal		
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi.	Collision Nature	Head on Collision Hit Parked Vehicle Hit tree Hit Fixed/Stationary Object Hit from Back Hit from Side Run off Road Overturn Skidding /Overturn Sideswipe Vehicle Fell in Gorge/Ditch/Well Vehicle Fell in River	
vii.	Initial Observation of accident scene	Non Provision of Parapets/Crash Barrier on Outer Curve Long Distance Covered/Driver Restless Fell Down From Vehicle Illegal Parking on Road Blind Bend / Curve Alcohol abuse Carrying people in loaded vehicle Changing lane without care Dangerous Overtaking Distraction to Driver Driving against flow of traffic Drugs Abuse High Speed Inattentive Turn Accident Due to road Condition Accident Due to Weather Condition Accident due to Heavy Traffic Non-respect of rights of way rules Red Light jumping Overloaded Accident due to Vehicle Defect Over speed while crossing Zebra crossing Over speed while crossing speed breaker	

ii.	Weather Condition	Sunny / ClearCloudy Light Rain Heavy Rain Flooding of Causeway / RivuletsHail/ Sleet Snow Smoke/ Dust Strong WindColdHot
ix.	Light Condition	Day Twilight Darkness with street lights on Darkness with poor street light Darkness-No street light
x.	Accident Spot	Residential ZoneMarket Zone



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

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

**Phone No. 9932371025**

**P.S. Kalimpong**

**Date: 15.03.2024**

**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

## 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. :

Phone No. : 959382008

P.S. : Kalanpuri

Date : 15/03/24

### 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.

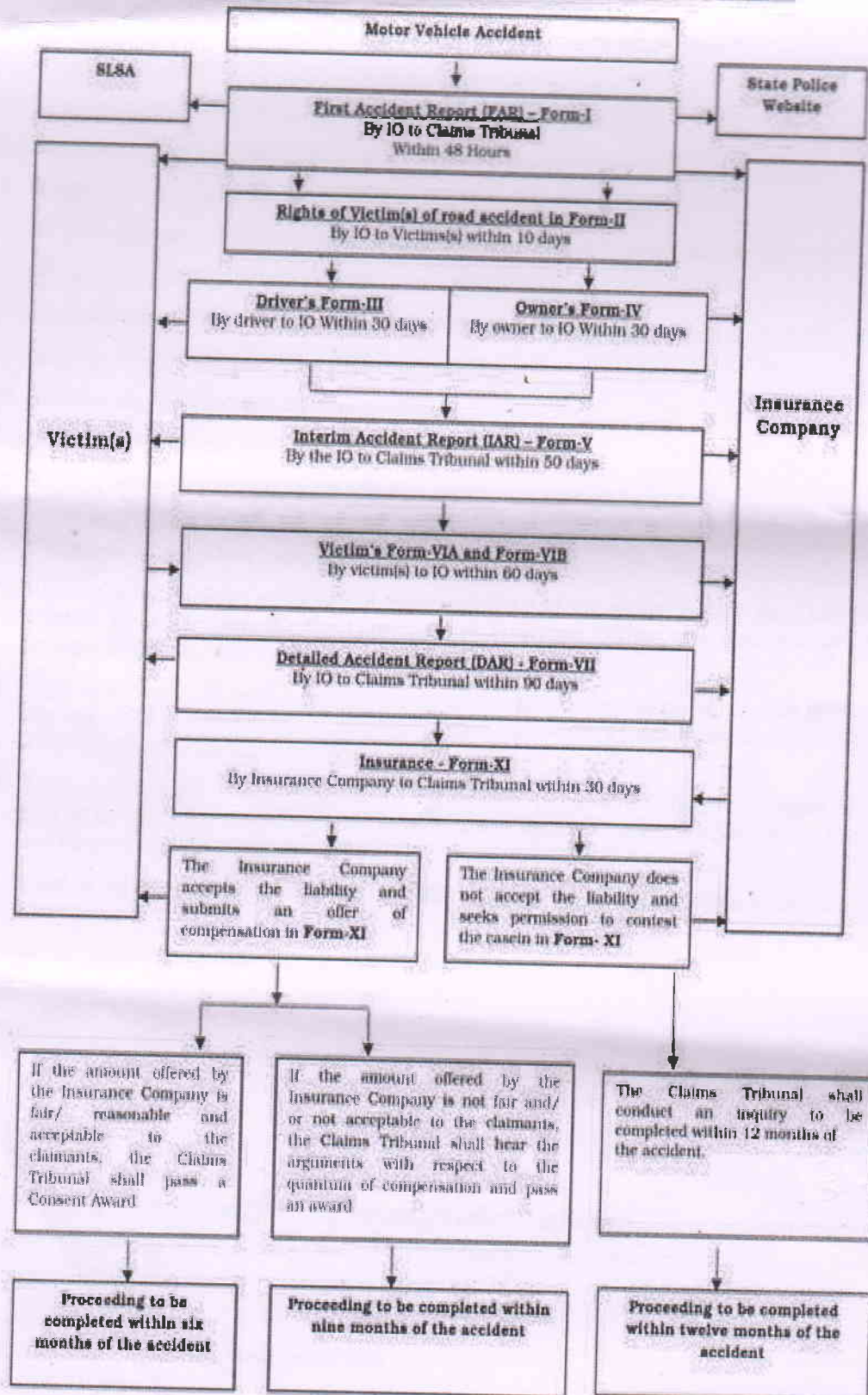
LTI, Ajit Kumar

Victim/Family Members/Legal Representatives

Date : 15/03/24

## FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

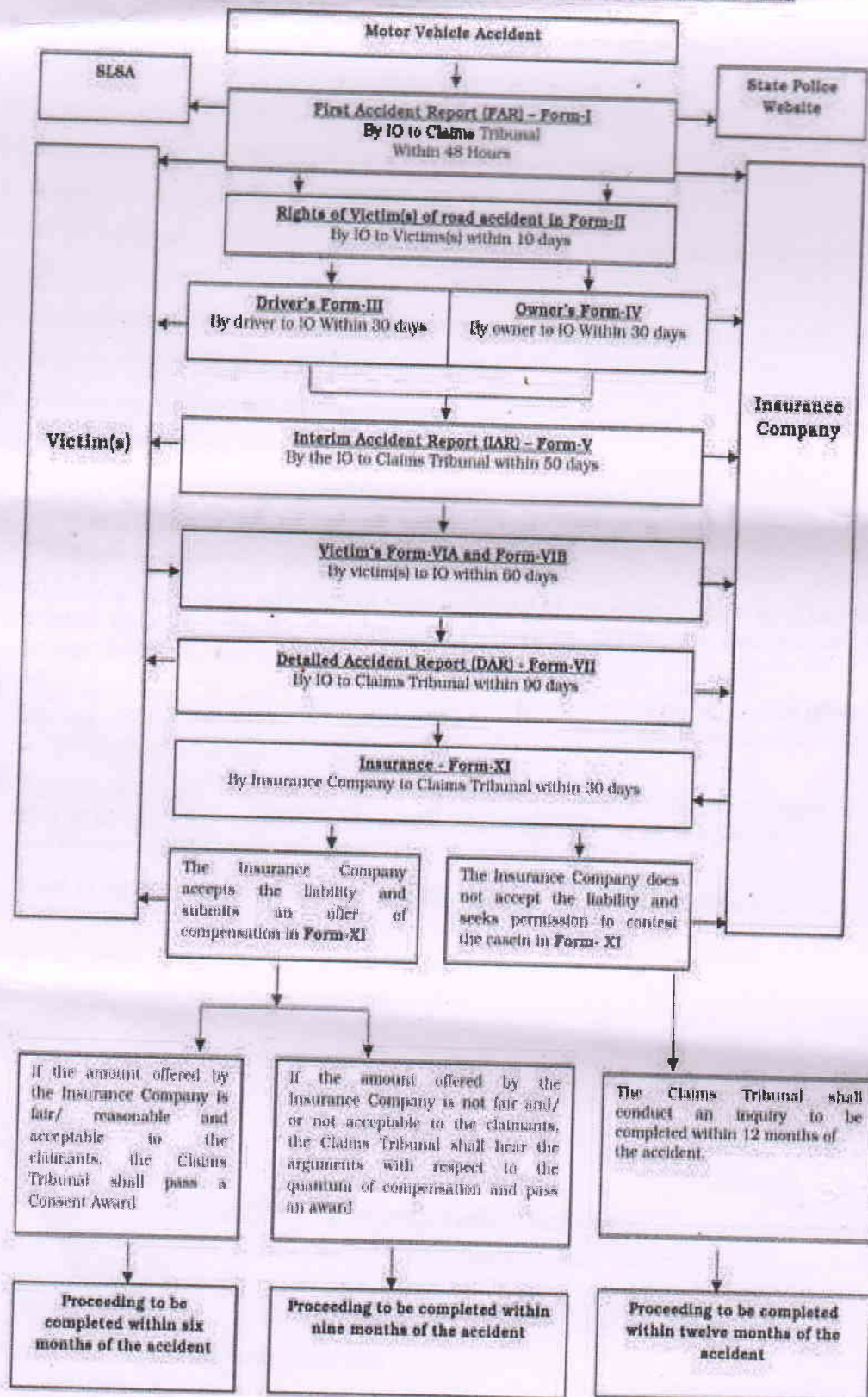
### FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS





## FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

### FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS





11.	Vehicle Registration No.	WB73D-1428
12.	Vehicle Type	TRUCK
13.	<b>Owner Details</b>	
	Name	Udean Subba
	Mobile No.	8967553372
	Address	6 <sup>th</sup> Mile, Purbong Busty, Kalimpong A/P 5 <sup>th</sup> Mile, Tashiding Busty PS & Dist Kalimpong.
14.	<b>Insurance Details</b>	
	Policy No.	10003/31/24/524386
	Period of Policy	07/03/2025 (Midnight)
	Name of Insurance Company	Shriram General Insurance Company Ltd
15.	<b>Other details</b>	
i.	Nationality of Driver	Indian
ii.	Occupation of Driver	Driver
iii.	Injury Type	Back Injury Buttocks Injury Chest Injury Face  Hand Head Hip Knee  Leg Neck  Not Applicable Shoulders Injury Abdominal
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	Yes    No    Not Known

vii.	Drunk Driving	Yes No Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self  Private Ambulance Private Vehicle
ix.	Hospitalization delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours  Not Hospitalized
x.	Driving License Type	Known Unknown Without License LLR Not Applicable Juvenile

**Verification:**

Verified at Melli on this \_ day of April 2024 that the contents of the above Formare true to my knowledge and the documents attached are true copies of their originals.

**Documents to be attached:**

ID/address proof  
Driving Licence  
Insurance Policy

 **UNION OF INDIA Driving Licence** WB NF-T

**WB78 2002 0000305**

Date of Issue **18-12-2002** Validity **01-12-2029**  
**01-12-2024**




Date of Birth **09-09-1982** Blood Group **B+**



Name  
**PRABIN TAMANG**

Father's Name  
**NARBU TAMANG**

**WB78 2002 0000305**

 **LMV**  **LMVCAB**  **LMV-TR**


**18-12-2002** **01-12-2016** **01-12-2016**


Mobile No.  
**\*\*\*\*\*3372**

Endorsement Date  
**20-12-2021**

Endorsement No.  
**WB78 /DLD/0000163/2021** WB

Present Address  
**5TH MILE POSHYER,  
 KALIMPONG,  
 KALIMPONG-4, KALIMPONG, WB, 734301**

  
 Holder's Signature

  
 Issuing Authority  
**L.A. KALIMPONG**

Form 7 Rule 16(2)



# SHRIRAM GENERAL INSURANCE COMPANY LIMITED

E-8,EPIP,SITAPURA INDUSTRIAL AREA,JAIPUR,  
RAJASTHAN-302022

CONTACT(TOLL FREE): 1800 - 30030000, 1800 - 1033009

## CERTIFICATE CUM POLICY SCHEDULE

GCCV-PUBLIC CARRIERS OTHER THAN THREE WHEELERS - Zone C  
MOTOR COMMERCIAL VEHICLE (PACKAGE POLICY)-  
UIN No.IRDAN137RP0018V01200809 - SAC Code: 987134

Branch Address	10003- Address-E - 8, RIICO INDUSTRIAL AREA,SITA PURA, JAIPUR, RAJASTHAN - 302022	Branch Office Phone No.					
Geographical Area	INDIA	Policy No.	10003/31/24/524386				
Insured's Code/ Name	IP-25874684 / UDEAN SUBBA	GSTIN No. Of Insured	Unregistered				
Insured Address	UPPER TASHIDING UPPER TASHIDING KALIMPONG KHASHAHAL KALIMPONG, , DARJILING DARJILING, WEST BENGAL - 734301 FAX-DARJLT203180001						
Insured State Code	19	NCB Discount (%)	25				
Executive	STFC NORTH BENGAL - NB0000000870	Period of Insurance	From 00:00 Hrs of 08/03/2024 To Midnight Of 07/03/2025				
Agent Details	SHRIRAM FINANCE LIMITED - CA0197 - BG0000000003- Mobile No.-1111111111- Toll/Phone No.N.A						
PAN No.	N.A						
Prop No. - TR No.	N.A - N.A	Prop Issue Date	N.A				
Gross Premium	30920	IGST	3934				
CGST	0	S6ST/UTGST	0				
Previous Insurer	SHRIRAM GENERAL INSURANCE COMPANY LTD	Total	34854				
Previous Policy No.	10003/31/23/432545	Nominee for Owner/Driver	PRABIN TAMANG				
Nominee Age	38	Nominee Relationship	Spouse				
Appointee Name	N.A	Appointee Relationship	N.A				
REGISTRAR ON MARK & PLACE	ENGINE NO. & CHASSIS NO.	MAKE - MODEL	TYPE OF BODY / FUEL TYPE	CUBIC CAPACITY / WATT/ YEAR OF MANF.	G.V.W	DATE OF REGN. / DELIVERY	SEAT CAP. (INCL. DRIVER)
WB - 73 - D - 1428 & PUBLIC VEHICLE DEPARTMENT	SLT3CX186156 & MBU2T54XCX0192525	SML ISUZU - SUPER 3335 ZT 54 TC 3 14' HIGH DECK	HIGH DECK BODY / DIESEL	0 / 0 / 2014	8800	02/06/2014	2 + 1

IDV FOR THE VEHICLE		Battery Number	Motor Number	CNG/LPG kit SI		TOTAL VALUE	
NON ELECTRICAL ACCESSORIES		ELECTRICAL ACCESSORIES					
282988.00		0	0	0		282988.00	
Own Damage Policy Period			Liability Policy Period				
From Date & Time	08/03/2024 00:00 Hrs	To Date & Time	07/03/2025 23:59 Hrs of Midnight	From Date & Time	08/03/2024 00:00 Hrs	To Date & Time	07/03/2025 23:59 Hrs of Midnight
SCHEDULE OF PREMIUM							
A. OWN DAMAGE				B. LIABILITY			
OD TOTAL		3269.00		BASIC TP COVER		27186.00	
TOTAL PREMIUM		30920.00		ADD :GR36A-PA FOR OWNER DRIVER		315.00	
ADD : IGST 18.00%		672.00		ADD :Legal Liability Coverages For Paid Driver		50.00	
ADD : IGST 12.00%		3262.00		ADD :Legal Liability Coverages For Coolies		100.00	
PREMIUM AMOUNT		34854.00		TP TOTAL		27651.00	

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz ( Automobile Association, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass,CNG/LPG Unit, Geographical Extn, Imported Vehicle etc. wherever applicable ). PA Owner Driver CoverPeriod:- From 00:00 Hrs of 08/03/2024 To Midnight of 07/03/2025

CPA Policy number: N.A., CPA Sum Insured: 0.00, CPA Company Name: N.A., CPA Valid From: N.A., CPA Valid To: N.A.  
Deductibles under Section-I : Compulsory Deductible Rs.1000  
Subject to IMT Endorsement Printed herein/attached to : IMT-28, IMT-39, IMT-40, IMT-7,IMT-21, IMT-21.  
Hypothecation Agreement with: SHRIRAM FINANCE LIMITED  
Hire Purchase/Lease Agreement with:



PLACE : HEAD OFFICE-III

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on dnd@shriramgi.com

Consolidated Stamp Duty paid vide order No. F7(77)Gen/2023/4956 dated 20/07/2023

For Policy Wordings, NEFT/RTGS/IMPS or any other online payment kindly visit our website "www.shriramgi.com" Validity of policy is subject to KYC verification.

Note :- Claim intimation after 48 hours will be considered as delayed intimation.

All the Amounts mentioned in this policy are in Indian Rupees  
GSTIN No. 08AAKCS2509K123

For and on behalf of

Shriram General Insurance Co.Ltd.

*Ram*

Authorized Signatory

Page 1 of 2

CIN NO.U66010RJ2006PLC029979



**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.	36/2024
Date	13.03.2024
Under Section	279/337/338 IPC
Police Station	KALIMPONG PS

1.	<b>Driver Details</b>	
	Name	Prabin Tamang
	Father's Name	Norbu Tamang
	Mobile No.	9145688100
	Address	5 <sup>th</sup> Mile, Tashiding Busty, PS & Dist Kalimpong
2.	Age/Date of Birth	09.09.1982
3.	Gender	Male
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	Rs. 8000/-
7.	Driving Licence	Permanent
8.	Driving Licence No.	WB78 2002 0000305
9.	Period of Validity of Licence	(T) 01.12.2024
10.	Licensing Authority	L.A. Kalimpong

11.	Vehicle Registration No.	WB73D-1428
12.	Vehicle Type	TRUCK
13.	<b>Owner Details</b>	
	Name	Udean Subba
	Mobile No.	8967553372
	Address	6 <sup>th</sup> Mile, Purbong Busty, Kalimpong A/P 5 <sup>th</sup> Mile, Tashiding Busty PS & Dist Kalimpong.
14.	<b>Insurance Details</b>	
	Policy No.	10003/31/24/524386
	Period of Policy	07/03/2025 (Midnight)
	Name of Insurance Company	Shriram General Insurance Company Ltd
15.	<b>Other details</b>	
i.	Nationality of Driver	Indian
ii.	Occupation of Driver	Driver
iii.	Injury Type	Back Injury Buttocks Injury Chest Injury Face  Hand Head Hip Knee  Leg Neck  Not Applicable Shoulders Injury Abdominal
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	Yes    No    Not Known

vii.	Drunk Driving	Yes No Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self  Private Ambulance Private Vehicle
ix.	Hospitalization delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
x.	Driving License Type	Known Unknown Without License LLR Not Applicable Juvenile

**Verification:**

Verified at Melli on this \_ day of April 2024 that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

**Documents to be attached:**

ID/address proof  
Driving Licence  
Insurance Policy

vii.	Drunk Driving	Yes No Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self  Private Ambulance Private Vehicle
ix.	Hospitalization delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
x.	Driving License Type	Known Unknown Without License LLR Not Applicable Juvenile

**Verification:**

Verified at Melli on this \_ day of April 2024 that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

**Documents to be attached:**

ID/address proof  
Driving Licence  
Insurance Policy



 **UNION OF INDIA Driving Licence**  

WB78 2002 0000305

Date of Issue 18-12-2002 Validity 01-12-2029  
01-12-2024

Date of Birth 09-09-1982 Blood Group B+

Name  
**PRABIN TAMANG**

Father's Name  
**NARBU TAMANG**



WB78 2002 0000305


LMV 18-12-2002 LMVCAB 01-12-2016 LMV-TR 01-12-2016


Mobile No. \*\*\*\*\*3372

Endorsement Date 20-12-2021

Endorsement No. WB78 /DLD/0000163/2021

Present Address  
5TH MILE POSHYER,  
KALIMPONG,  
KALIMPONG-4, KALIMPONG, WB, 734301

Holder's Signature 

Issuing Authority  
L.A. KALIMPONG 

Form 7 Rule 16(2)

**SHRIRAM GENERAL INSURANCE COMPANY LIMITED**

 E-8,EPIP,SITAPURA INDUSTRIAL AREA,JAIPUR,  
 RAJASTHAN-302022

CONTACT(TOLL FREE): 1800 - 30030000, 1800 - 1033009

**CERTIFICATE CUM POLICY SCHEDULE**

 GCCV-PUBLIC CARRIERS OTHER THAN THREE WHEELERS - Zone C  
 MOTOR COMMERCIAL VEHICLE (PACKAGE POLICY)-  
 UIN No.IRDAN137RP0018V01200809 - SAC Code: 997134

Branch Address	10003- Address-E - 8, RIICO INDUSTRIAL AREA,SITA PURA, JAIPUR, RAJASTHAN - 302022		Branch Office Phone No.				
Geographical Area	INDIA		Policy No.	10003/31/24/524386			
Insured's Code/ Name	IP-25874684 / UDEAN SUBBA		GSTIN No. Of Insured	Unregistered			
Insured Address	UPPER TASHIDING UPPER TASHIDING KALIMPONG KHAMMAHAL KALIMPONG, . , DARJILING , DARJILING, WEST BENGAL - 734301 FAX-DARJLT203180001						
Insured State Code	19	NCB Discount (%)	25				
Executive	STFC NORTH BENGAL - NB0000000870		Period of Insurance	From 00:00 Hrs of 08/03/2024 To Midnight Of 07/03/2025			
Agent Details	SHRIRAM FINANCE LIMITED - CA0197 - BG0000000003- Mobile No.-1111111111- Toll/Phone No.N.A						
PAN No.	N.A						
Prop No. - TR No.	N.A - N.A		Prop Issue Date	N.A			
Gross Premium	30920		IGST	3934			
CGST	0		SGST/UTGST	0			
Previous Insurer	SHRIRAM GENERAL INSURANCE COMPANY LTD		Total	34854			
Previous Policy No.	10003/31/23/432545		Nominee for Owner/Driver	PRABIN TAMANG			
Nominee Age	38		Nominee Relationship	Spouse			
Appointee Name	N.A		Appointee Relationship	N.A			
REGISTRATI ON MARK & PLACE	ENGINE NO. & CHASSIS NO.	MAKE - MODEL	TYPE OF BODY / FUEL TYPE	CUBIC CAPACI TY / WATT/ YEAR OF MANF.	G.V.W	DATE OF REGN. / DELIVERY	SEAT CAP. (INCL. DRIVER)
WB - 73 - D - 1428 & PUBLIC VEHICLE DEPARTMENT	SLT3CX186156 & MBU2T54XCX0192525	SML ISUZU - SUPER 3335 ZT 54 TC 3 14' HIGH DECK	HIGH DECK BODY / DIESEL	0 / 0 / 2014	8800	02/06/2014	2 + 1

DEPARTMENT										
		Battery Number		Motor Number						
IDV FOR THE VEHICLE		IDV FOR TRAILER		NON ELECTRICAL ACCESSORIES		ELECTRICAL ACCESSORIES		CNG/LPG lit SI		
282988.00		0		0		0		0		
Own Damage Policy Period				Liability Policy Period						
From Date & Time		08/03/2024 00:00 Hrs		To Date & Time		07/03/2025 23:59 Hrs of Midnight		From Date & Time		
								08/03/2024 00:00 Hrs		
								To Date & Time		
								07/03/2025 23:59 Hrs of Midnight		
SCHEDULE OF PREMIUM										
A. OWN DAMAGE					B. LIABILITY					
OD TOTAL					3269.00		BASIC TP COVER		27186.00	
TOTAL PREMIUM					30920.00		ADD :GR36A-PA FOR OWNER DRIVER		315.00	
ADD : IGST 18.00%					672.00		ADD :Legal Liability Coverages For Paid Driver		50.00	
ADD : IGST 12.00%					3262.00		ADD :Legal Liability Coverages For Coolies		100.00	
PREMIUM AMOUNT					34854.00		TP TOTAL		27651.00	

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz ( Automobile Association, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass,CNG/LPG Unit, Geographical Extn, Imported Vehicle etc. wherever applicable ). PA Owner Driver CoverPeriod:- From 00:00 Hrs of 08/03/2024 To Midnight of 07/03/2025

CPA Policy number: N.A., CPA Sum Insured: 0.00, CPA Company Name: N.A., CPA Valid From: N.A., CPA Valid To: N.A.  
 Deductibles under Section-I : Compulsory Deductible Rs.1000  
 Subject to INT Endorsement Printed herein/attached to : INT-28, INT-39, INT-40, INT-7,INT-21, INT-21.  
 Hypothecation Agreement with: SHRIRAM FINANCE LIMITED  
 Hire Purchase/Lease Agreement with:



PLACE : HEAD OFFICE-III

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on dnd@shriramgi.com  
 Consolidated Stamp Duty paid vide order No. F7(77)Gen/2023/4956 dated 20/07/2023

For Policy Wordings, NEFT/RTGS/IMPS or any other online payment kindly visit our website "www.shriramgi.com" Validity of policy is subject to KYC verification.

Note :- Claim intimation after 48 hours will be considered as delayed intimation.

All the Amounts mentioned in this policy are in Indian Rupees  
 GSTIN No. 08AAKCS2509K123

For and on behalf of  
 Shriram General Insurance Co Ltd.

Authorized Signatory

Page 1 of 2

CIN NO.U66010RJ2006PLC029979