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

| 1. Name of the Police Station | Kalimpong Police Station. |
|---|--|
| 2. CR No./Traffic accident report | Kalimpong P.S. case No 28/24 dtd. 02/03/2024 U/S 279/304 A IPC. |
| 3. Date time and place of the accident | 01/03/2024 at 20.00 hrs at Mam Khola, NH-10, PS/Dist. Kalimpong. |
| 4. Name and full address of the Deceased. | Unknown. |
| Name of the hospital to which he/she was removed. | Rangpo Primary Health Centre, East Sikkim. |
| 6. Registration number of vehicle and the type of the vehicle. | (1) SK 01D 3674 Truck (Offending vehicle) |
| 7. Driving licence particulars (a) Name and address of the driver. | (i) Waship Khan S/o Allha-uddin Khan of Upper Bazar, Rangpo, Sikkim. (Offending vehicle's Driver) |
| (b) Driving licence number and date. | SK0420140008756. |
| (c) Address of the issuing authority. | M.V.I.Jorethang. |
| (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. | Rajendra Pd S/Oof Mazitar Opposite Arjun Chettri Petrol Pump. At about 08.30 hrs. |
| 9. Name and address of the insurance Company with whom the vehicle was Insurance & the particulars. | SHRIRAM GENERAL IMSURANCE. Rajendra Prasad, SK 01D 3674 Truck |

10. Number of insurance policy/ Insurance certificate and the Date of validity of the insurance Policy/insurance certificate 10003/31/23/386550.

11. Registration particulars of the Vehicle (class of vehicle) (a) Registration No

SK 01D 3674 (Offending vehicle)

- (b) [Engine Number or Motor Number in the case of Battery
- (C) Chassis No.
- 12. Route permit particulars
- 13. Action taken. If any and the result

Investigation proceeding.

4975PTC39D2Y619743

MAT455024A8D18715

03 24 Submitted.

(S,Indra Tamang) Melli O.P.Under P.S.& Distt-Kalimpong.

West Bengal Form No. 27 FIRST INFORMATION REPORT Dest Kalenpong PS Kalenpong Year 2024 FIR No. 28/24 Date 02-03-24 1) Act IPC Sections 27 5/307/A) . 1) Act Sections (iii) Act. Sections (iv) Others Acts & Sections (a) Occurrence of Offence : Day Free day Date From 01-03-29 Date To. Time Period Neght Time From Alabert 20 oche. Tune To (b) Information received at P.S. Date. 0.2-0.3-24. Time 11:05 for (c) General Diary Reference : Entry No(s) 53 Time 11:05 Laws Written / Dent Type of Information : Place of Occurrence : (a) Direction and Distance from P.S. Sourf 13 Key. Beat No. (d) Address NH-10, mean Maran Khala, PS & Dirt Kalingpang. (e) In case outside limit of this Police Station, then the Name of the P.S. K District Complamant /-Informant ---(3) Name Drun Luman (b) Father's / Herband's Name _____ An Jan . Dan . Date of Issue (c) Passport No (f) Occupation..... (g) Address Ramphie, Sikkien. Details of known / suspected / unknown accesed with full particulars Driver of which bearing . Roy No. 5K-01-0,3844 (Attach separate sheet, if necessary) : Reasons for delay in reporting by the Complainant / Information Particulars of properties stolen / involved (Attach separate sheet, if necessary) : Can Vahicle bearing Roy No. Sk-01- D-3674 (ar Total value of properties stolen / involved Inquest Report / U.D. Case No., if any FIR Contents (Attach separate sheets, if required): The original Georitlen Complained of the Complaintant achich is torated as FIR is Machadher with Action taken: Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took up the to take up investigation / directed Str. Varlan, langestray investigation / refused investigation / transferred to P.S. on point of jurisdiction. FIR read over to the Complaint/ Informant, admitted to be correctlyrecorded and a copy given to the Complainant / Informant free of cost. Signature of the Officer-In-Charge Ballos Statupong Name Shar Pan Vecn Produce Taken in Oviginal Covillon complein 14.Signature / Thumb impression of the Complainant / Informant Rank No. 2/C Kalimping 1.5 15 Date & Time of despatch to the court

West शाना, अन्मानार) 2]वाभा Dest जिल्लाल गान 12713-2/3/24 (2) 0 222 200 मं अल्ला कुमार ८)० उपन्त्र १ हजर समझ आवेदन GIN 212/321 सेस, गृद (6) 0 10-3-17 अभर अन्दाज 55 वर्ष की हुजुर् समस् वरिन्ते। कर (c) (1-19121 जसका नाम नाम नाम कि ग्मान्द् जसन्ध P (10) A EI उस्लाइ सारी सिकिन रमफ निवास असल्बेड उत्की विव अन्यो कि कि कि 10121 (H'SS) 51131 10121 (H'SS) (1131) इंद्र असले (c) H भागमात्र करने। कि कि कि कालगा को रवातिर के करनार कामना। (गा०डाव्य) स्रेमय ड कर्जनित्र मेर 12-11213/24 - जगर होहलको अगाडी N.H. 10 मामरवोलामा भेरो होटल आजाडो के लुका की (a) N (b) E रवाना पिना कार्ड्र वाह्रि निकलिए की किरोटी है उन्याह एडटा इक माडी जसूकी क skoid 3674 रम्प्रति (c) P बाह सिलिग्रो गइर्हेन्ही वल्यूमा न्यह गाडे भ (f) () उत्त आई हिकाए र पहि असमी आरीरमा रंगतहर (g) A नियकिएकी हेर्ल्हा य हिंग आनि मान्हहू भए Detai रमफ हरापिटलञ्चा द्विनिस्ता मा द्वागो लगयी Attn पहि चिकिस्ता की द्वीड़ना व्यान मान्हे सुयु 2 अएकी सूननभा आयी र हजूर सबस गाड पालक र्रति फानूनी सार्ववाही शादिन हुवस आग निवेबन हकाराउद Ream 55 43 (received co.: 02/03/24 Partici at 10:05top, Vide MullicP GAC No: 48/24 AL 02/03/24 रेम्हान्यवाफ & forwooded lo L/c. KEARS Total with no equest total a specific cose nos a posp Inques FIR C हिंचुरुदे किरोगसे क्विंफा कुमा Coctico. Action OFFICER-IN/CHARGE investig MALLI OUT POL. 9641961025 mvestig PS. KALIMPONG Remised on 2-00.24 of 11:05 hrs. Vide LPSA? SAE NO- 58 91 2 08-24 daly formarised by che Mell mrisdie and startand hAG AS Char No. 38/24 01- 203 24 4/3. Informa 14.Sign 11312-13.2M of the C Kalmoone Felore Rold Det 21 Houng 15.Date

FORM-I

FIRST ACCIDENT REPORT (FAR)

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

| FIR No. | | 28/2024 |
|-------------------|---|---|
| Date | | 02.03.2024 |
| Under Section | | 279/304A IPC |
| Police Station | | CALIMPONG PS |
| 1 | Date of Accident | • 01.03.2024 |
| 2. | Time of Accident | 20.00hrs |
| 3. | Place of Accident | NH-10, Mamkhola |
| 4. | Source of Information | Driver/Owner Victim Witness Hospital Good SamaritanPolice Others (Specify) |
| | Name, mobile number & address of the Informant | t |
| | Name | ARUN KUMAR |
| | Mobile No. | 9641961025 |
| | Address | Rangpo East Sikkim |
| 5. | · · · · · · · · · · · · · · · · · · · | Injury Fatal Damage/loss of property Any other loss/injury |
| | Numberinvolved of Vehicles | SK 01D- 3674 |
| | Whether Registration Number of the Offending Vehicle known | Yes No |
| | Whether offending Vehicleimpounded by the police | Yes No |
| | Whether the driver of the offending vehicle found on the spot | Ves No |
| | Number of Fatalities | 01 |
| | Number of Injured | |
| 6. | Details of the Hospital where victim(s) taken | |
| | Hospital Name | RANGPO PRIMARY HEALTH CENTRE |

28-122/24 02:03:24

| 1 | | | | | | |
|--------------------------|---|---|--|-----------------------------|--|--|
| | Address | | RANGPO | | | |
| I | Doctor's Name | | Linkberton | | | |
| I | Availability of C | CCTVFootage | No |) | | |
| v | If yes, CCTV Footage be preserved and be file withDAR | | | | | |
| I | Details of Owner(s), I | Priver(s) and Insurance of t | he Vehicle(s) | | | |
| T | Details Vehicle 1 (Of Vehicle Details Vehicle 1 (Of | | ing vehicle) | Vehicle 2 | | |
| 1 | | | | A CONTRACTOR OF | | |
| 7 | Vehicle Registration N | lo. | SK 01D-3674 | | | |
| 1 | Driver Details | | | | | |
| 1 | Name of the Driver | | WASHIP KHAN | | | |
| | Address of Driver | UPPER BAZ | AR, RANGPO, EAST SIKKIM | | | |
| 5 | Mobile No. of Driver | | | | | |
| - | Owner Details | | | | | |
| | Name of the Owner | | AJENDRA PRASAD | | | |
| | Address of Owner | MAJITAR MW NH 31A PO MAJITAR PS RANGPO EAST SIKKIM | | | | |
| | Mobile No. of Owner | | 6295354565 | | | |
| | Insurance Details | Insurance Details | | | | |
| | Insurance Policy No. 10003/31/23/386 | | Contraction of the second second | and the second | | |
| | | | | | | |
| | Period of Insurance Policy | | /idnight of 10/02/2024 | | | |
| | Policy Name of Insuranc | N SHRIRAM GENERAL INSUF | | | | |
| | Policy Name of Insuranc eCompany Address of Insuranc eCompany | SHRIRAM GENERAL INSUE | | | | |
| | Policy Name of Insuranc eCompany Address of Insuranc | SHRIRAM GENERAL INSUE | RANCE | | | |
| | Policy Name of Insuranc eCompany Address of Insuranc eCompany | SHRIRAM GENERAL INSUE | RANCE | Address & Contac Details | | |
| | Policy Name of Insuranc eCompany Address of Insuranc eCompany Details of Victim(s) | SHRIRAM GENERAL INSUR | RANCE | | | |
| | Policy Name of Insuranc eCompany Address of Insuranc eCompany Details of Victim(s) Name | SHRIRAM GENERAL INSUR | RANCE | | | |
| | Policy Name of Insuranc eCompany Address of Insuranc eCompany Details of Victim(s) Name | SHRIRAM GENERAL INSUR | RANCE | | | |
| | Policy Name of Insuranc eCompany Address of Insuranc eCompany Details of Victim(s) Name | SHRIRAM GENERAL INSUR | RANCE | Address & Contac Details | | |
| ii. iv. v. | Policy Name of Insuranc eCompany Address of Insuranc eCompany Details of Victim(s) Name | SHRIRAM GENERAL INSUR | ANCE A PURA, JAIPUR, RAJASTHAN-302022 | | | |
| iii. iv. v. vi. | Policy Name of Insuranc eCompany Address of Insuranc eCompany Details of Victim(s) Name | SHRIRAM GENERAL INSUR 8, RIICO INDUSTRIAL AREA, SIT Deceased /Injured | ANCE A PURA, JAIPUR, RAJASTHAN-302022 | | | |

| ii. | Landmark | | |
|------|--------------------------------------|---|-------|
| | | MAMKHOLA | |
| iii. | Severity | Fatal | |
| | | Grievous Injury Simple Injury Hospitalized | |
| | | Simple | |
| | | Injury Non Hospitalized | |
| | | No Injury | |
| iv. | Count | Injured | |
| | of | njarod | Death |
| | Drivers | Carl and a control of the second | |
| | Passengers | | |
| | Pedestrians | | 01 |
| - | Animal | | 01 |
| v. | Collision Type | | |
| | Comsion Type | Vehicle to Vehicle Vehicle to Pedestrian Vehicle to | |
| | | Bicycle Vehicle to Tricycle | |
| | A CLARKER OF ST | Vehicle to Animal Driven CartVehicle to Animal | |
| | | Skidding | |
| i. | Collision Nature | Head on Collision Hit Parked VehicleHit tree | |
| | | Hit Fixed/Stationary ObjectHit from Back | |
| | And in case of the local division of | Hit from Side | |
| | | Run off RoadOverturn | |
| | | Skidding /OverturnSideswipe | |
| | | Vehicle Fell in Gorge/Ditch/WellVehicle Fell in River | |

| vii. | Initial Observation of accident | Non Provision of Parapets/Crash Barrier on Outer CurveLong Distance Covered/Driver |
|-------|---------------------------------|--|
| | scene | Restless |
| | | Fell Down From Vehicle Illegal Parking on Road Blind |
| | | Bend / Curve Alcohol abuse |
| | | Carrying people in loaded vehicleChanging lane without care |
| | Documents to be attached | Dangerous Overtaking Distraction to Driver |
| | Z Inactal vident of be | Driving against flow of traffic Drugs Abuse |
| | and the second part of | High Speed Inattentive Turn |
| | | Accident Due to road Condition Accident Due to Weather |
| | Commenced of the | ConditionAccident due to Heavy Traffic |
| | 7. Inschool four Pros | Non-respect of rights of way rulesRed Light jumping |
| | B. REED SHITSCO | Overloaded |
| | 2 58 Surrougeloes | Accident due to Vehicle Defect |
| | 11 Any feature which all | Over speed while crossing Zebra crossingOver speed while crossing |
| | 13. Other vide | speed breaker |
| viii. | 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 |
| | | |

h

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

f of S.H.O./I.O 959383 Phone No. : P.S.: Date:

Documents to be attached:

- 1. Copy of FIR
- 2. Images/ Videos to be attached:
- 3. Main Resting Place of Vehicle
- 4. Damage to Vehicle
- 5. Damage to Property
- 6. Obstructions of Objects on Road
- 7. Junction/Road Type
- 8. Road Surface
- 9. Skid Marks
- 10. Surroundings
- 11. Any feature which might have contributed to the accident
- 12. Other Images
- 13. Other Vide

Atorica:24. Soigune list cife 28/24. Rat: Malli O. P. GIDE NO: 48/24. At 02:03: 2024 PRALO 44/24

€ sale glime affeiture : con: cr:c3:24 ion beliveron 12:05 holo 12:45 holos.

2 place addetscore : Al Massikhala neur Zogsa. Resturrant Meur Katistad.

@ Prova whom reited: on beight broduced by water

El dance al cuidness:

100SINP Whow

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CID Roshover Plasad. S/O Sti Rojeordon Placad Rooreboarnetilan East-Sikkien P.S. Roasto.

Ven (IMA) JOUCK BEOMORRED NO SK-01D-36EA. (i) ASI Sacour Lebchor, OFMOIL OCTIPASE UDDER Kalicopool P.S.

@ secription addited asticles:

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(VI) Seized one offending mechile Bearing Reg No. SK. 000 3694.

Above a clear the case.

Silvestione of contones. ROSIMAN PRASAd 6295354565

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in tagong.

The Kontelli of Grene 662/24. Atd 20/03/24 one Ratiopag F.S of No: 22/24 AL 02/23/24 PP.NO 65 2. PLACE OF SEIZURE : 001,27:03:24 at 08:10/03:15 3. FROM WHOM SEIZED Merri oct post Re-Kalimpoog 4. NAME OF WITNESS provend clo Rajeodria Prochant (1) CVF 149 Abishek Khawas. of Rangpo Morton East-Sikkim Kalizzbag P.S. Distt Kalizprad. (11) AsI, Somerin Lepchon, of Messi out past. Under Kalizapag. 5. DESCRIPTION OF SEIZED ARTICLES Deifed core cutificate of titre 900 R/0. offerding Vehicles Vo. OID-36#4, Valid=0611:24) sayed core obigioal Inouronace policy cultificate, Vide Patter No 10603/31/2446EE32 Valid =10/02/25(Miday) Sayed core Authorisation Letters.) seized caedrivagliceaee no: ck-04-2014,0008ESb southe masse of Coaship Khno, Valid-15-07-24 soffed one power of Attorney Holder money Roshan Pracad slo, Rajfordra Pracad of mayitan MW NHELA, above petrol purop, Raogp East Sikkinga E3E132. oppoint by his Forthen Ray worden Plasad Vide scalo: 7068 dt 19/03/24 Above orated documoreatic sayled withe IGNATURE OF WITNESS almoad of the cave. CVF149 Abishek Khawas Asi Samir Lepiha

| ** -****** | RIRAM | CONT | E-8,EPIP,BITAPURA IN RAJAST ACT(TOLL FREE): 180 | DUSTRIAL AREA HAN-302022 0 - 30030600, 18 | A.JAIPUR, | A million a man | |
|---|--|---|--|---|---|---|------------------------|
| | | | CERTIFICATE BCCV PUBLIC CARBINALD MOTOR COMMENCIAL UNI NA RELANT STRENGT | CUM POLICY SO | HEDULE | | |
| | Address Micel Aree 's Code/ Name | 302022 INDIA | RA, JAIPUR, RAIASTHAN | Branch Offic | e Phone its | | |
| Insurad 06PLC029 | Address State Code | , EAST SIKKI | Y / RAJENDRA PRASAD R PRASAD VILL-HAJITAJ M M, SIKKIM X-SIGTMT204280001 | HW NH31A P.O. | AJIVAR P. | L0003/31/24/46) Unregistered P-RANGPO KANGPO, - | |
| Great and Annual Agent D | | STFC NORTH & | ENGAL - NB0000000970 ACE LINITED - CA0197 - | NCB Discour Period of Ins | uranca | 25 From 90:00 Hrs of Hidnight Of 10/07 | 11/03/3024 To /3025 |
| PAN No. Prop No. Gross Pr CGST | TR.No. | Toll/Phone No. N.A N.A - N.A 45825 0 | N.A | Prop Issue D | | N.A 6130 | |
| Previous | Policy No. | | RAL INSURANCE COMPAN 06350 | SGST/UTGST Total Nomines for Owner/Drive | | 0 51955 GULSAN PRASAD | |
| Appoints REGISTR ON HAIL PLACE | ATI ENGINE A | N.A. | D. MAKE - NODEL | Appointes Rei | ationship dationship | W DATE OF REG DELIVERY | H. / SEAT CAP |
| 5K - 01 - 3674 & SIKKIM | MATERSO | K63627385 8 7H2K18144 | TATA HOTORS - LPT 1615 COWL | OPEN METAL 0 | ATT/ EAR OF ANF. / 0 / 1620 | 0 31/12/2017 | 2+1 |
| EANGTO | THE 10 | ttery Number | NON ELECTRICAL ACCESSORIES | Motor Number | - | NG/LIFS kit ST | TOTAL VALUE |
| OD TOTAL TOTAL PRI ADD : IGST ADD : IGST PREMIUM / The above Tal | T 18.00% | ALOWN DAMAG | 10047 45825 1892 4238 51955 | E OF PREMIUH | FOR OWNER ITY Coverage | B. LIABILITY ORIVER IS For Paid Driver IS For Cooles | Hes of Midea 35 |
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| Internet of a Devery Turker, Inter of 11/02/2 DPA Policy near Deductifiers a Builgest to the Propulstations Builty of the Control Under Section P.A. Cover und PLACE 1 - 1 Wir will canta dragby date a dragby date a Consolidation For Pulicy Wo "news abidieses | CHIUM 1.18.00% 1.22.00% AMOUNT al CO Preparison to in the Gase, Court The Gase, Court The Gase, Court To Addresement of To Addresement of To Addresement of To Addresement of The Gase Mark Statistics The Gase Mark Statistic | Nitustve of all application of all application of the Geographical Just 20/2025 Transvert 10:002/2025 Transvert 10:0025 Transvert 10:0025 Transvert 10:0025 Transvert 10:0025 Transvert 10:0025 Transv | SCHEDUL 10047. 14525. 1492, 45385. 1492, 4238. 51955. Ne Loading/Discounts wit (Aw) Exb. Imported Vehicle etc. w Company Network R.A., CPA vy # 50.100 had ter. IMT-28, IHT-39, IHT 104107. Inter of Calma anising out of an Re. 1000003 *, registered AD, sms, etc. / In NOTE: 10472954 deted har online payment kindly 16 KVC withington. | 20 BASIC TP COVEH 20 ADD CRISIC TP COVEH 20 ADD CRISIC CRISIC 20 ADD CRISIC 20 | FOR OWNER FOR OWNER ITY Coverage Northery Earlies A Owner Only Ref Ta: N.A. For the Image on | B. LEABLISTY DRIVER SFOR Page Driver S For Cooles Auto-theft, Handscap Peri CoverPeriod - From 00:0 | Hes of Midea 35 |



FORM-IV

OWNER'S/INSURED'S FORM

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

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Z

| FIR No. | Kalimpong P.S.Case No-28/24 | |
|----------------|-----------------------------|--|
| Date | Dt.02.03.24 | |
| Under Section | U/S 27/304 A IPC. | |
| Police Station | Kalimpong P.S | |

| v | ehicle Details | | |
|----------------------------|--|--|--|
| Registration No. | Sk-01-D-3674 | | |
| Colour | Arotic White. | | |
| Make | | | |
| Model | - | | |
| Year of Manufacture | 2017 | | |
| Chassis No. | Chassis No-MAT-395037H2K18144 | | |
| Engine No. | Engine No-ISBL-591604071K63627385 | | |
| Registering Authority Name | M.V.I.D.Sikkim. | | |
| Vehicle Type | Motorised 2-wheelerAuto Car/Jeep/TaxiCycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/ TrolleyNot Known Other (Specify) | | |
| Vehicle Use Type | Private Vehicle Commercial VehicleGoods & Carriage Garbage Truck Taxi/Hired Vehicle | | |
| | Public Service Vehicle Educational Institute Bus Others (Specify) | | |

| 2. | Owner | Details |
|-----|--|--|
| | Name In case of a company, give name of person in- charge in terms of section 199 of the Motor VehiclesAct, 1988 | |
| | Father's Name | Roshan Prasad.S/O Rajendra Prasad. |
| | Mobile No. | 6295354565. |
| | Address | Vill-Majitar MW NH13A P.O.Majitar P.S. Rangpo,East Sikkim |
| | Occupation | Business. |
| 3. | Driver | Details |
| | Name | Washif Khan |
| | Father's Name | S/O,Allha-Uddin-Khan |
| | Mobile No. | 6295354565. |
| | Address | Upper Bazaar, Rangpo Gangtok East Sikkim. |
| | Driving Licence No. | SK-04 2014 0008756 |
| | Period of Validity | 15072034 |
| | Licensing Authority | MVD Jorethang.Sikkim. |
| 4. | Insuranc | e Details |
| | Policy No. | 10003/31/24/467782 |
| | Period of Policy | 10/02/2025 |
| | Name of Insurance Company | - |
| | Address of Insurance Company | - |
| | Details of previous Insurance Policy | _ |
| | Whether the vehicle previously involved in anyMACT case? | |
| | If yes, give details of FIR and MACT case. | |
| 5. | | mercial 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 | |

| Ш. | 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 10:00 here this 00 day of 100 that the contents of the above Form are true to myknowledge 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

SI. Indra Lavornog Mob. 2593832707

FORM-V

INTERIM ACCIDENT REPORT (IAR)

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

| FIR No. | Kalimpong P.S.Case No-28/24. | |
|----------------|------------------------------|--|
| Date | 02.03.24. | |
| Under Section | 279/304 A IPC. | |
| Police Station | Kalimpong | |

| [| 1. | Date of Accident | 02.03.24. |
|---|-----|---------------------|--|
| | 2. | Time of Accident | Night at about 20.00 hrs. |
| | 3. | Place of Accident | Mam Khola NH-10. |
| | 4. | | Offending Vehicle |
| | | Registration No. | SK-01-D-3674. |
| | | Vehicle Make | TATA MOTORE (LTD) |
| | | Vehicle Model | 2017 |
| | 5. | Dri | ver of the offending vehicle |
| | | Name | Waship Khan |
| | - | Father's Name | Allha-Udinn Khan. |
| | | Mobile No. | 8653961744 |
| | - | Address | Upper Bazar, Rangpo Gangtok Est Sikkim. |
| | | Driving Licence | Permanent |
| | | | Learner's |
| | | | Juvenile |
| | | | Without License |
| | | | Others (Specify) |
| | | Driving Licence No. | SK04 20140008756 |
| | | Validity of Licence | 15.072034. |
| | | Licensing Authority | MVD Jorethang. |
| | 6. | | vner of the offending vehicle. |
| | | Name | Rajendra Prasad. |
| | | Father's Name | |
| | 1.1 | Mobile No. | 6295364565 |
| | 1.1 | Address | Majitar MW NH-31 A,above Pertol Pump Majhitar,Rangp Nagar Panchyat Rangpo Forest Block East Sikkim. |
| | 7. | In case of con | nmercial vehicle - |
| | | Permit details | |
| | | Fitness details | |
| | 8. | Insurance Details | |
| 1 | 1 | 5 24 2t: 13/04/24 | |

| 5 | Policy No. 10003/31/24467782 | | |
|---------|---|---|--|
| | Period of Policy | 10.02.25 | |
| | Name of Insurance Company | Shriram General Insurance Co.Ltd. | |
| 1 | Address of the Insurance Company | Shriram General Insurance Co.Ltd. | |
| 9. | Witness(es) to the accident | | |
| | Witness-1: Name | Summit Pradhan (32) S/O,Lt.Nanda Kr.Pradhan | |
| | Mobile No. | 7908115667. | |
| | Address | Siliguri Salugaraha Housing Flat No-401, P.S.Bhaktinagar Siligu | |
| | Witness-2: Name | Pintu Prasad, S/O Umesh Shankar. | |
| | Mobile No. | 9749330892. | |
| | Address | Singtam Lal Bazar P.S.Lal Bazar East Sikkim. | |
| | | Sajan Agarwal S/0 Lt,Duli Chand Ararwal. | |
| | Witness-3: Name | 7001259070 | |
| | Mobile No. | Rangpo Lower Market P.S.Rangpo, District Sikkim. | |
| | Address | | |
| | Witness-4: Name | ASI,Samir Lepcha. | |
| | Mobile No. | 9932371025. | |
| Address | | Melli Out Post, Under Kalimpong P.S. | |
| | | | |
| 11. | Details of compliance(s) | | |
| i. | Date of filing of First Accident Report (| | |
| ii. | Date of uploading FAR on the website | | |
| iii. | Date of delivery of FIR and FAR to Company | | |
| iv. | Date of delivery of FIR, Form-II and FA | | |
| v. | Date of receipt of Form-III from the Dr | | |
| vi. | Date of receipt of Form-IV from the Ov | | |
| vii. | Date of delivery of Form-III and Form- Company | | |
| viii. | Date of delivery of Form-III and Form- | | |
| ix. | Whether the information/ documents have been verified. | of the driver/owner Yes No | |
| | If yes, attach the Verification Report. | | |
| 12. | Passenger details | Male Female TG | |
| i. | Gender | | |

| ii. | Occupation | Advocate | |
|------|---------------------------------------|--------------------------------|---|
| | | Business | |
| | | Clerk | |
| | | Doctor | |
| | | Driver | |
| | | Engineer | |
| | | Farmer | |
| | | House Keeper | |
| | A Construction of the | Labourer | |
| | | Police Officer | |
| | | Politician | |
| | | Retired Officer | |
| | | Student | |
| | | Unemployed | |
| - | | Vendor/ Small Business Owner | |
| | | Worker | |
| | | Other | |
| iii. | Severity | Fatal | |
| 111. | Severity | Grievous Injury | |
| | | Simple Injury Hospitalized | |
| | | Simple Injury Non Hospitalized | |
| | | No Injury | |
| | | Back Injury | |
| iv. | Injury Type | 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 Delay | <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 |
| | - L | Front Seat |
| | | Other |
| | | Pillion Rider |
| | | Rear Seat |
| | Seatbelt/Hemet | Yes. No Not Known |
| ix. | | Standing |
| x. | Passenger Action | Sitting |
| | 2 | Boarding |
| | | Falling |
| | | |
| | | Alighting |
| xi. | Nationality | 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 |
| | 5 St. 1. | By Self |
| | | Private Ambulance |
| | | Private Vehicle |

| viii. | Occupation | Advocate | |
|-------|-------------------|------------------------------|----|
| | | Business | ĝ. |
| | | Clerk | |
| | 1.1.1.1.1.1.1.1.1 | Doctor | |
| | | Driver | |
| | | Engineer | |
| | | Farmer | |
| | | House Keeper | |
| | | Labourer | |
| | | Police Officer * | |
| | 100 C | Politician * | |
| | | Retired Officer | |
| | | Student | |
| | | Unemployed | |
| | | Vendor/ Small Business Owner | |
| | | Worker | |
| | | Other | |
| ix. | Nationality | Indian | |
| | | Foreigner | |

O./I.O P.I.S./EMPLOYEE No.SI,Indra Tamang.

Phone No. :9593832707

P.S.Kalimpong. Date.....<u>13</u>04/2024

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

DRNO - 139 Jan 41- DE leston

Shri Janjib Roy Propasa (a) pring win

Date - 08/03/24

1001/03/201 1104 102 14 al ENM

MALA HALING S KOTVIALI JAL PAIGURO

BWD FOT BE

Rer Kalim Anny P.S. Má Case No. 28 124 Dr. 02/03/24

MECHANICAL EXAMINATION OF THE VEHICLE Sub: BEARING NO. -

SKOID-3674 (Trank)

Sir,

Kindly arrange to mechanical Examination of the seized above noted Vehicle which was seized in c/w in above referred case. This vehicle lying at P.S. compound.

Thanking You

08/05/2024

Amula Incominar hanical examinar hanical economical comobile 029700-3 Read No. 029700-3

your faith fally

en -

Description of damage caused (specify)

NIL

Any other point of interest

NIL

| 1 | B | R | 0 | Y |
|---|-----|-----|-----|---|
| | ENG | ERT | ER. | |

C/o. NIRMALA NALINI PANPARA, P.S. KOTWALI DIST. JALPAIGURI Pin - 735101 (W.B.)

MECHANICAL EXAMINATION REPORT

DE NO-139/24 de objes/24 No.14 A Case No. and Date: - Kallimperg E.S. Culle NE - 28/24 de objes/24 of 3-27 / 1024 (D) H. Internation of the Motor Vehicle Inspector/Expart: Janji b Roy, Michiel Ex Mul Venue and Date of Examination: Methic One Bost found on on jos/2014. Venue and Date of Examination: Methic One Bost found on on jos/2014. Details of the Vehicle. (Attach close view and long view photo)

- Tata Melens Ltd. Make . THEFE K .. Type D. 2017 -Model 6. 3KO123674 **Registration Number** đ **Chassis Number** MAT 39 5037 H2X 18144 截. 15865 9140 40 71 863427 385. Engine Number f. Colour Arche while . Q.
- h. Distinguishing Features (Basically please write if the vehicle can be identified witho the registration number like some specific Name/Painting on the Body/Windscreen etc.

General Description from outside - Eye View :-

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

(1)

MIL

MIL

b. Description of damage caused (specify)

NIL,

NIL

c. Any other point of interest

SANIIB ROY

Mechanical Examiner Automobile Engineer Rend, No. 029700-3

| | andmon of Brakes (Please attach Photograph) :- | |
|--------|---|--|
| 1 | Are the brakes OK? | Yes No. |
| 10 | Are they worn out? | Yes No. |
| 10 | Whether the brakes show wear and tear due to sudden application of the brakes at the time of accident? | Yes No. |
| d | Are there sings of brake failure which could have lead to the accident ? | Yes No. |
| Col | ndition of Tyres (Please attach Photograph) :- | |
| 0. | Do the tyres conform to the standards stipulated in MV act 1988? | Yes No. |
| b. | Are the tyres worn out or resoled? | Yes No. |
| c. | Do the tyres reveal any make of skidding due to sudden deceleration by observing the wear and tear and the groove pattern? | Yes No. |
| d. | Can the condition of the tyres be held responsible for the extra distance covered ever after braking? | Yes No. |
| e. | Were the tyres found punctured? If yes specify whether before or after the accident collision? | Yes No. |
| Con | dition of Gears :- | |
| a. | Whether the gear lever, gear pinion, gear handle and clutch wire in flexible state at the time of accident? | Yes No. |
| ь. | Whether these parts are in sufficiently lubricated condition? | Yes No. |
| Con | dition of Steering :- | |
| a. | Whether steering is adequately mobile? | Yes No |
| | Whether the tie rod is in perfect working condition? | Yes V |
| b. | | |
| Con | dition of Head Light's :- | |
| a. | Whether the Head Light / Fog Light/ Indicator of the vehicle are working condition? | |
| b. | If not, is the same due to accident or were faulty even before the accident? | e Yes |
| Cond | lition of battery :- | 181 |
| | is the Condition of battery? | 1ho |
| what | is no conditioned by longition | |
| attory | is good & working landition | SANJIB ROV Mechanical Examin Automobile Englis |
| | | Automobile Regd, No. 029700 |
| | (2) | |

Adition of Rear View Mirrors :-Are the Rear view mirrors present inside the vehicle, and both on the left and right side of the vehicle? Yes No. Rear-end conspicuity in cases of rear-end collision (CMVR, 1989, RULE NO. 104) Condition of Speed Governors (Attach Photographs) :-Whether speed governor have been installed? а Yes No. Are they to operational condition? b. Yes No. Have they been tampered with? C. Yes No. Condition of the Wipers :-Were the Wiper operational prior to accident as can be ascertained a. from the present condition? Yes No. Whether EDR (Event Date Recorder) present or not? Yes No. Whether the joining points of the Axles of the vehicle with the wheels are in proper condition or not? Yes No. Dverloading :-Vas the vehicle overloaded? if yes, further remarks. Not Known. ny other specific observations to highlight the condition or possible cause fthe accident :born the theekrical point Divisionit appears to me that the action would due to othery than meeting forlaw. Signature of the Mechanical E: time of Examination of the Vehicle : -03-2029 at about 03:30 P.m. SANJIB ROY Mechanical Examiner Automobile Engineer

