

**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 31/2024 dtd. 05/03/2024 u/s 279/304 A IPC.
3. Date time and place of the accident	05/03/2024 at 07.30 hrs at NH-10, 8 <sup>th</sup> Mile, near Mamkhola, PS/Dist. Kalimpong.
4. Name and full address of the Deceased	Mani Kumar Rai s/o Jambo Rai of Parengaon under 06, Parengaon GPU, Soreng, Dist West Sikkim.
5. Name of the hospital to which he/she was removed	Kalimpong District Hospital.
6. Registration number of vehicle and the type of the vehicle	(1) WB 71B- 2193 Tata truck (Offending vehicle) & (2) SK04P 8020 TVS NTORQ Race edition 125 Scooty (victim vehicle).
7. Driving licence particulars	
(a) Name and address of the driver	(i) Sunil Saru s/o Subash Saru of Makrapara, PS Birpara, Dist. Alipurduar (Offending vehicle's Driver) and (ii) Mani Kumar Rai S/o Jamboo Lal Rai of Rashi, Geyzing (West) Sikkim-737121 (Victim scooty driver)
(b) Driving licence number and date of expiry	(i) D/L No SK04 2015 0032655 valid upto 18.12.2025 of Sunil Saru and (ii) D/L No SK04 2013 0006509 valid upto 10.10.2033 of Mani Kumar Rai.
(c) Address of the issuing authority	(i) Licencing Authority, RTO Jorethang (offending driver) and (ii) Licencing Authority RTO Jorethang, S. Sikkim (victim driver)
(d) Badge No in case of public service vehicle	N/A
8. Name and address of the owner of	(i) RENU AGARWAL W/o Bippal Agarwal of

The vehicle at the time of the accident. Ghumachiyapara, Salugara, PS Bhaktinagar, Dist, Jalpaiguri. (Owner of vehicle- WB 71B 2193 Tata truck).

(ii) Mani Kumar Rai s/o Jamboo Lal Rai of Parengaon, Soreng, West Sikkim-737121.(Owner of scooty- SK 04P-8020).

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

-(i) ICICI Lombard General Insurance Company LTD, ICICI Lombard House 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple Prabhadevi, Mumbai-400025.

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

Policy/insurance certificate: (i) Policy No (1) 3003/284389322/00/000 & validity 16.03.2024 Midnight

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

(a) Registration No

(i) WB 71B 2193 (Offending vehicle)  
and (ii) SK 04P 8020 (victim vehicle)

(b) [Engine Number or Motor

(i) CRI6-75HSY107565 of WB 71B 2193.

Number in the case of Battery

(ii) AK3CL2606028 of SK 04P 8020.

(c) Chassis No.

(i) MAT373382H2H15789 of WB 71B 2193.

(ii) MD626AK36L2C06206 of SK 04P 8020.

12. Route permit particulars

13. Action taken. If any and the result

Investigation proceeding.

Submitted



(ASI Samir Lepcha)  
Melli OP, PS Kalimpong.



R114671P 1 of 05 03/24  
FIRST INFORMATION REPORT  
(Under Section 154 Cr. P.C.)

7631

Dist. Kalimpong P.S. Kalimpong Year 2024 FIR No. 31/2024 Date 05/03/24

i) Act. IPC Sections 279/304 A ii) Act. X Sections X

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

(a) Occurrence of Offence : Day 05/03/24 Date From 06:30 am Date To 09:15 hrs

Time Period..... Time From..... Time To.....

(b) Information received at P.S. Date 05/03/24 Time 09:15 hrs

(c) General Diary Reference : Entry No(s) 184 Time 09:15 hrs

Type of Information : Written / Oral J.A. No. 53

Place of Occurrence : (a) Direction and Distance from P.S. South 19 km. Post No.

(d) Address N.H. 10 8th Mile near Hamkhela Melli under P.S. Kalimpong. Dist. Kalimpong

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

Name of the P.S. .... District .....

Complainant / Informant :

(a) Name Anil Rai

(b) Father's / Husband's Name Lt. Mani Kumar Rai

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

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

(f) Occupation .....

(g) Address pana gram under OG, pana gram GPU, Solong, Dist. West Sikkim Sikkim

Details of known / suspected / unknown accused with full particulars

(Attach separate sheet, if necessary) : Driver of the vehicle bearing reg. no. WB 71B/2193.

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Taken in Original

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10  
The Officer Incharge  
Melli Out Post  
P.S. Kalimpong  
District - Kalimpong  
West Bengal  
Date: 05.03.2024

Subject: F.I.R.

Respected Sir  
I Anil Rai the son of Lt. Mani Kumar Rai the resi-  
dent of Parengaon, under Ob Parengaon GPU, Sore-  
ng District, West Sikkim would like to lay down  
few lines of request for the proper investigation  
of the accident case. The matter pertaining the  
unfortunate death of Lt. Mani Kumar Rai due to care-  
less driving of a truck driver with bearing No. WB71-  
S-2193. Unit & steady bearing No. SK04P8020 at  
NH40 8th mile near Maam Khola, Melli at around  
6.30 A.M. while going towards Gangtok for official work.

Accordingly, the victim got lost his life at the same  
time and the guardian and his relatives getting  
late from the native place, Parengaon, West Sikkim.  
As such, before we reached at incident place the  
body of victim/deceased has been already  
taken under police custody at Melli, out post,  
West Sikkim.

So, we I therefore would like to sincere request for  
the proper investigation from the spot and verify to  
get right and has to be submit proper medical  
fitness of culprit (driver truck) at the time of incident  
would be taken immediately for the proper investiga-  
tion of the case, please.

Thank you sir  
Your sincerely  
Anil Rai  
Ph.No. 9832924951  
Parengaon  
West Sikkim.

Received on 05/03/24 at 09:15 by vide KPP P.S. Kalimpong on 05/03/24 at 09:08. 24  
and vide to the Kalimpong P.S. to start a specific case under proper and advise to the banika. Lepcha vide 4/3/24 P.S. Rme. me - 31/24 8/05/24 4/3-279/304 A 182. 24  
Inspection Incharge  
Police Station  
P.S. Kalimpong

Received on 05/03/24 at 08:35 vide ADE 140-133/24 dt 05/03/24 for start of the specific case of proper section of law. Lepcha may kindly be enclosed for the inu high

OFFICER IN CHARGE  
MELLI OUT POST  
P.S. KALIMPONG

**FORM-I****FIRST ACCIDENT REPORT (FAR)**

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

FIR No.	31/2024	
Date	05.03.2024	
Under Section	279/304A IPC	
Police Station	KALIMPONG PS	
1.	Date of Accident	05.03.2024
2.	Time of Accident	06.30 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	Anil Rai
	Mobile No.	9832924951
	Address	Paren Gaon, PS Kaluk, Soreng, West Sikkim.
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number involved of Vehicles	WB 71B 2193
	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	01
	6.	Details of the Hospital where victim(s) taken
Hospital Name		DISTRICT HOSPITAL KALIMPONG
Address		KALIMPONG
Doctor's Name		

7.	<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 71B 2193	SK 04P 8020
	<b>Driver Details</b>		
	Name of the Driver	SUNIL SARU	MANI KR RAI
	Address of Driver	MAKRAPARA, PS BIRPARA, DIST ALIPURDUAR	PARENG GAON, PS KALUK, SORENG WEST SIKKIM
	Mobile No. of Driver	9635304698	9734916509
	<b>Owner Details</b>		
	Name of the Owner	RENU AGARWAL	MANI KR RAI
	Address of Owner	GHUMACHIYAPARA, SALUGARA, PS BHAKTINAGAR, DIST JALPAIGURI	PARENG GAON, PS KALUK, SORENG WEST SIKKIM
	Mobile No. of Owner	9733281981	9734916509
	<b>Insurance Details</b>		

Insurance Policy No.	3003/284389322/00/000	
Period of Insurance Policy	16.03.2024 Midnight	
Name of Insurance Company	ICICI Lombard General Insurance Company LTD	
Address of Insurance Company	ICICI Lombard House 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple Prabhadevi, Mumbai-400025.	

9	<b>Details of Victim(s)</b>		
	<b>Name</b>	<b>Deceased /Injured</b>	<b>Address &amp; Contact Details</b>
i.	MANI KR RAI	Deceased	PARENG GAON, PS KALUK, SORENG WEST SIKKIM. Cont. details Anil Rai (son) Mob. No 9832924951
ii.			
iii.			
iv.			
v.			
vi.			

10.	<b>Other Accident Details</b>		
i.	Reporting Date & Time	05.03.2024 at 09.15 hrs.	
ii.	Landmark	NH-10 8 <sup>th</sup> Mile, near Mamkhola	



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

viii.	Weather Condition	<b>Sunny / Clear</b> <b>Cloudy</b> <b>Light Rain Heavy Rain</b> <b>Flooding of Causeway / Rivulets</b> <b>Hail/ Sleet</b> <b>Snow Smoke/ Dust</b> <b>Strong WindColdHot</b>
ix.	Light Condition	<b>Day Twilight</b> <b>Darkness with street lights on Darkness with poor street light</b> <b>Darkness-No street light</b>
x.	Accident Spot	<b>Residential ZoneMarket Zone</b>





UNION OF INDIA **Driving Licence**  
GOVERNMENT OF SIKKIM



**SK04 2015 0032655**

Date of Issue

**15-12-2015**

Validity

(NT) **14-12-2035**

(T) **18-12-2025**

Date of Birth

**26-10-1995**

Blood Group

**O+**

Name

**SUNIL SARU**

Father's Name

**SUBASH SARU**



SK

NT+T

SK04 2015 0032655



MCWG  
15-12-2015



LMV  
15-12-2015



TRANS  
19-12-2017

Mobile No.  
\*\*\*\*\*4698

Endorsement Date  
21-12-2023

SK

Present Address

BIRPARA,  
BIRPARA,  
JALPAIGURI, JALPAIGURI, WB, 735228



Endorsement No.  
SK04 /DRP/0002184/2023

Name / Designation of testing authority

Holder's Signature

Issuing Authority

Licensing Authority  
RTO, JORETHANG, SOUTH SIKKIM

Form 7 Rule 16(2)

**FORM-II**

**RIGHTS OF VICTIM(S) OF ROAD ACCIDENT AND FLOW CHART OF THE SCHEME MENTIONED  
BELOW**

**To be handed over by Investigating Officer to the  
Victim/Family Members/Legal Representatives within 10 days of the accident**

1. Right to immediate medical aid and treatment.
2. Right to copy of FIR.
3. Right to copy of First Accident Report (FAR) in Form - I.
4. Right to copy of Rights of Victim and Flow Chart of this Scheme in Form -II.
5. Right to copy of Driver's Form-III along with the documents.
6. Right to copy of Owner's Form-IV along with the documents.
7. Right to copy of Interim Accident Report (IAR) in Form-V along with the documents.
8. Right to blank copy of format of Victim's Form-VI and Form-VIA.
9. Right to copy of Detailed Accident Report (DAR) in Form-VII along with the documents.
10. Right to copy of Insurance Form-XI.
11. Right to copy of Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974).
12. Right to copy of Victim Impact Report in Form-XII.
13. Right to copy of MLC and Postmortem Report.
14. Right to free legal aid from State Legal Services Authority.
15. Right to appear before the Claims Tribunal in person or through lawyer.
16. Right of a minor child/ children (18 years or below) of the victim to be referred to the Child Welfare Committee by the IO for Inquiry into their needs and status.
17. Right of a minor child/ children (18 years or below) of the victim to have the Child Welfare Committee conduct an Inquiry through the District Child Protection Officer into their well-being, medical needs, security, nutrition, etc.
18. Right of a minor child/ children (18 years or below) of the victim to get all benefits of Juvenile Justice (Care and Protection of Children) Act, 2015 in case the Child Welfare Committee returns a finding of a child being a Child in Need of Care and Protection (CNCP).
19. Right of such minor child/children of the Victim to be placed in a Children's Home in case both the parents died or the surviving parent is unable to take care of the child, as provided under the Juvenile Justice (Care and Protection of Children) Act, 2015.
20. Right to receive compensation under the Scheme for Motor Accident Claims formulated by the Delhi High Court.

Flow Chart of the aforesaid Scheme is attached herein.

S.H.O./I.O

P.I.S./EMPLOYEE No. : \_\_\_\_\_  
Phone No. : 9932371025  
P.S. : Kalumpoung  
Date : 09.03.2024

**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.

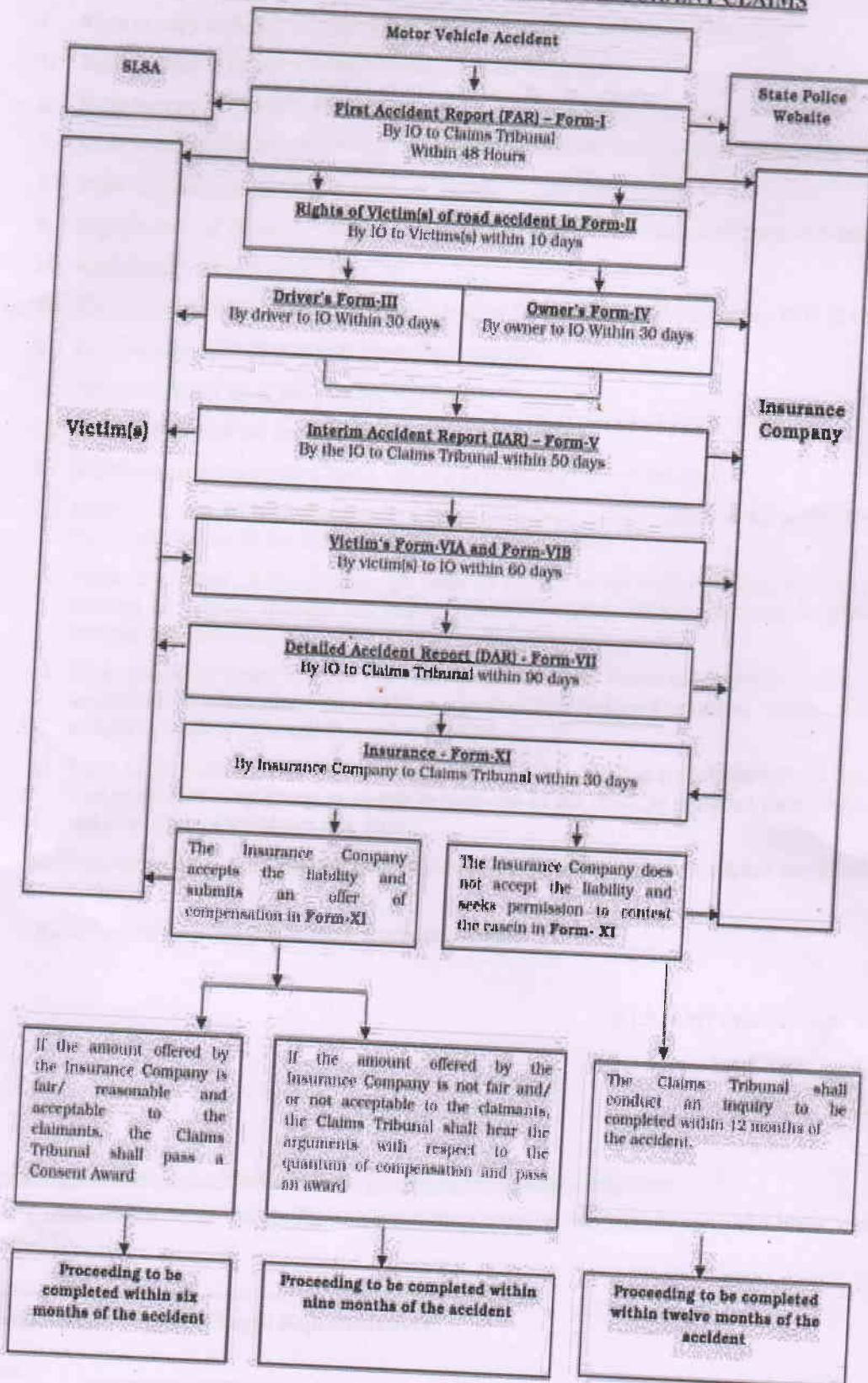
\_\_\_\_\_  
Victim/Family Members/Legal Representatives

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



## FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

### FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS





**FORM-III****DRIVER' FORM**

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

FIR No.	31/2024
Date	05.03.2024
Under Section	279/304A IPC
Police Station	Kalimpong

1.	<b>Driver Details</b>	
	Name	Sunil Saru
	Father's Name	Subash Saru
	Mobile No.	9635301698
	Address	Makrapara T.G., Chetiri Line, PS Birpara, Dist Alipurduar
2.	<b>Age/Date of Birth</b>	26.10.1993
3.	<b>Gender</b>	Male      Female      Other
4.	<b>Educational Qualifications</b>	Primary Senior Secondary Certificate Higher Secondary Certificate Graduate Postgraduate Doctorate Uneducated
5.	<b>Occupation</b>	Private Service Government Job Professional Agriculture Self-Employed Others
6.	<b>Monthly Income</b>	Rs. 8000/-
7.	<b>Driving Licence</b>	Permanent Learner's Juvenile Without Licence Others (Specify)
8.	<b>Driving Licence No.</b>	SK04 2019012635
9.	<b>Period of Validity of Licence</b>	18.12.2023
10.	<b>Licensing Authority</b>	L.A. Jorethang, South Sikkim

11.	Vehicle Registration No.	WB/1B-2193
12.	Vehicle Type	TRUCK
13.	<b>Owner Details</b>	
	Name	Renu Agrawal
	Mobile No.	7430027006
	Address	Ghumachiyapara, Salugara PS Bhaktinagar, Siliguri, Jalpaiguri
14.	<b>Insurance Details</b>	
	Policy No.	3003/244389322/00-000
	Period of Policy	16.03.2024 (Midnight)
	Name of Insurance Company	ICICI Lombard General Insurance Company Ltd
15.	<b>Other details</b>	
i.	Nationality of Driver	Indian Foreigner
ii.	Occupation of Driver	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
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 Mell 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 License
- iii. Insurance Policy



**CIFICATE OF INSURANCE CUM POLICY SCHEDULE**



Carrying Vehicles Package Policy  
 Policy Code: 2021 URN: IRDAN11SRP0013V01200203

Name of the Insured	RENU AGARWAL	Policy No.	IRP02/24/189/132/000040
Address	CD- BIPAL AGARWAL, DHUMACHHIYAPARA, BALUNARA, BHAKTINAGR, SILIGURI, EAST SIKKIM-737153, SILIGURI, WEST BENGAL 734401	Period of Insurance	Mar 17, 2023 00:00 to midnight of Mar 16, 2024
Tel/Fax No	-	2-Policy No.	-
Email Address	Mobile No: 817000064	Policy Issued On	-
Number Name	BAHUBALAJELODRIFICS@GMAIL.COM	Covernote No.	284399327
State Name	Named Passenger's Name:	RTO Location	WEST BENGAL-SILIGURI
Age	-	Hypothecated To	-
GSTIN No. (Customer)	-	Vehicle Class	Public Carrier
Servicing Branch Name	Gangtok	Category	-
		Invoice No.	100373182623

Servicing Branch Address: 72 B, Fifth Munsir's Building M. G. Road Gangtok Sikkim 737101

Are you or any of the proposed applicants a PEP or a close relative of a PEP?  No

Vehicle Registration No.	Make	Vehicle Sub-Class	Model	Model Build	Type of Body	GVW	Reg Yr	Carrying Capacity	Chassis No.	Engine No.	Trailer Chassis No.	
WB182140	TATA MOTORS	TRUCKS	LPT 1013	FULLY BUILT	Open	18200	2017	2	MAT373382 H2H16769	107660	0	
Trailer Registration No.	Body DV (₹)	Chassis DV (₹)	Trailer (₹)	Electrical / Electronic Accessories (₹)	Non Electrical Accessories (₹)	CHQ / LPG Unit (₹)	Total DV (₹)					
	0.00	11,00,000.00	0.00	0.00	0.00	0.00	11,00,000.00					

Premium Details			
OWN DAMAGE(A)	(₹)	LIABILITY(B)	(₹)
Basic OD Premium	4,024.00	Basic Third Party Liability	38,313.00
Geographical Extn OD Premium	400.00	Geographical Extn TP Premium	100.00
MT-DJ Loading	804.00	Total	38,413.00
<b>Sub-Total</b>	<b>5,228.00</b>	Add:	
Less:		Legal Liability to Field Driver	50.00
No Claim Bonus 20%	1,055.00	Legal Liability for Cleaner/Conductor	30.00
Sub-Total Deductions	1,055.00	Sub-Total	100.00
<b>Total Own Damage Premium(A)</b>	<b>4,023.00</b>	<b>Total Liability Premium(B)</b>	<b>38,513.00</b>
		<b>Total Package Premium (A+B)</b>	<b>42,536.00</b>
		Premium Taxable @ 12% (Basic TP Liability)	3,823.80
		+ GST @ 12%	4,237.56
		Premium Taxable @ 15% (Other than Basic TP Liability)	4,222.08
		- GST @ 18%	759.96
		<b>Total Tax Payable in ₹</b>	<b>4,998.00</b>
		<b>Total Premium Payable in ₹</b>	<b>44,533.80</b>

Geographical Area: India, Bhutan, Nepal, Bangladesh  
 Applicable LMT Clause: 23  
 Compulsory Deductible: ₹ 1,000.00  
 Voluntary Deductible: ₹ 0.00

Premium Collection No: 1184432473  
 Premium Amount (₹): 44,533.80  
 GSTIN Reg.No: 11AAAQ7604G1Z0  
 HS/MSRC Code: 287134 / GENERAL INSURANCE SERVICES  
 Rebill Dt Date: 16-03-2023

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.

Limits of Liability: (a) Under Section II(i) of the policy; Death of or bodily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. (b) Under Section II(ii) of the policy; Damage to Third Party Property ₹ 7,50,000.00/-; PA Cover for Owner-Driver under Section III: CSI ₹ 0.00/-. The Compulsory Personal Accident cover has not been opted in this policy on account that the Owner driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least Rs.15 lacs. Limitations as to Use: The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub section(3) of Section 68 of the Motor Vehicles Act, 1988. The policy does not cover 1) Use for organised racing, pace making, reliability trials or speed testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle 3) Use of carrying passengers in the vehicles; except employees (other than the driver) not exceeding the number permitted in the registration document and coming under the purview of Workmen's Compensation Act, 1923. Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. 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 reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". In consideration of the premium for this extension being calculated at a pro-rata proportion of the annual premium, it is hereby declared and agreed by the Insured that upon expiry of this extension, this policy shall be renewed for a period of twelve months, failing which the difference between the extension premium now paid on pro rata basis and the premium at short period rate shall become payable by the Insured.  
 For Legal Interpretation, English version will hold good. Disclaimer: Please visit www.icicilombard.com for the policy wordings, for complete details on terms and conditions governing the coverage and NCB. This document is to be read with the policy wordings. The policy is valid subject to realization of cheque. We accept premium only via legally recognized modes. In case of dishonour of premium cheque, the company shall not be liable under the policy and the policy shall be void ab-initio. In case of any discrepancy with respect to the policy, please revert within 15 days from the policy start date. This policy is underwritten on the basis of the information provided by you and as detailed in the Risk Assumption Letter shared with you along with the policy. On renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change. Grievance Redressal: For resolution of any query or grievance you may contact us on our toll free no. 1800

Copy of a claim immediately to ICICI Lombard General Insurance Company Limited, Unit 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

MAR 18, 2023

COISUP/OPV20/41277



**UNION OF INDIA Driving Licence**  
**GOVERNMENT OF SIKKIM**

SK04 2015 0032655

Date of Issue 18-12-2018	Validity 14-12-2028 18-12-2028
Date of Birth 02-10-1998	Blood Group O+

Name  
**SUNIL SARU**

Father's Name  
**SUBASH SARU**




SK04 2015 0032655

MCWG 18-12-2018	LMV 18-12-2018	TRAM 18-12-2017	Mobile No. *****4698
Present Address BOPAKA, BOPAKA, JALPAIGURI, JALPAIGURI, W. SIKKIM			Endorsement Date 21-12-2023
Name / Designation of Issuing Authority			Endorsement No. SK04 / DRP / 002184 / 2023
Holder's Signature			Issuing Authority RTO, JALPAIGURI, SIKKIM

Form 7 (Rule 15(2))

		Public Service Vehicle Educational Institute Bus Others (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 Vehicles Act, 1988</i>	Renu Agarwal
	Father's Name	Dippal Agarwal
	Mobile No.	7430027006
	Address	Chunachiyopara, Salugara PS Bhaktinagar, Siliguri, Jalpaiguri
	Occupation	Business
3.	<b>Driver Details</b>	
	Name	Sunil Saru
	Father's Name	Subash Saru
	Mobile No.	9675304698
	Address	Mukrapan T.G., Chhetri Line, PS Birpara, Dist Alipurdour
	Driving Licence No.	SIK04 20150032653
	Period of Validity	18.12.2025
	Licensing Authority	L.A. Jorethang, South Sikkim
4.	<b>Insurance Details</b>	
	Policy No.	10007264389122/00/000
	Period of Policy	16.03.2024 (Midnight)
	Name of Insurance Company	ICICI Lombard General Insurance Company Ltd
	Address of Insurance Company	ICICI Lombard General Insurance Company Ltd Interfee Building No 16,001/002, 6 <sup>th</sup> Floor, New Link Road, Mulad (West), Mumbai-400064.
	Details of previous Insurance Policy	P0022400004/4103/101422
	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	Permit No WB2022-GP-0058A Validity of the permit from 04.01.2022 to 03.01.2027 Region Covered- All West Bengal including NH10 Except Hilly portion of Darjeeling and Kalimpong District.
	Fitness details	Registration No WB 71B- 2193, Application No WB23122871148536. Certificate will expire on 29.12.2025.
6.	Whether the owner reported the accident to the Insurance Company	Yes No
7.	Other details	
i.	Load Category	Passengers Goods
ii.	Age of vehicle	

iii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
iv.	Pollution under Control Certificate Validity	02/02/2025
v.	Tax Details	
vi.	Seat Capacity	
vii.	Insurance Company	

**Verification:**

7

Verified in Melli OP 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:**

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





GOVERNMENT OF WEST BENGAL

State Transport Department SILIGURI ARTO

FORM 23

CERTIFICATE OF REGISTRATION



Registration No: **WB37102193** Registration Date: **04-May-2018**  
 Description: **GOODS CARRIER** Purpose For Printing RC: **MPA**  
 Dealer's Name: **MAURYA MOTORS LTD., LIYAK HOUSE, NH-30 DEEOARGANJ, PATNA, ...**  
 Owner Name: **RENU AGARWAL** Son/wife/daughter of: **BIPPAL AGARWAL**  
 Full Address: (Permanent): **GITUMACHHIYAPARA, SALUGARA, BHAKTINAGAR SILIGURI, JALPAIGURI, WEST BENGAL-773103**  
 Full Address: (Temporary): **GITUMACHHIYAPARA, SALUGARA, BHAKTINAGAR SILIGURI, JALPAIGURI -WEST BENGAL-773103**

Fitness Up To: **29-Jun-2023** Tax Up To: **18-Jul-2022**  
 Owner Serial No: **2**

Detailed Description  
 Class of Vehicle: **GOODS CARRIER** Link Vehicle No:   
 Ownership: **INDIVIDUAL** Norms: **BHARAT STAGE IV**  
 Maker's Name: **TATA MOTORS LTD**  
 Front HSRP No:  Rear HSRP No:   
 Type of Body: **TILT\_SLP\_CAB(709)** Month/Year of Manuf.: **08/2017**  
 No of Cylinders: **6** Chassis No: **MAT373382H2H15789**  
 Engine No: **CR16-75HSY107565** Fuel: **DIESEL**  
 Horse Power(BHP): **134.00** Cubic Capacity: **5675.00**  
 Maker's Classification: **TATA LPT 1613 CR16 BS-IV** Wheel base: **4225**  
 Seating Cap(in all): **2** Standing Cap: **0**  
 Sleeper Cap: **0** Unladen Wt (kgs): **4950**  
 Colour: **WHITE AND GREEN** Laden/GV Wt (kgs): **16200**  
 Other Criteria:  Service Type: **Goods Service**  
 AC Fitted: **NO** Vehicle Purchase As: **Drive Away Chassis**

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

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:	10.00R20 16PR		6000
b) Rear:	10.00R20 16PR		10200
c) Other:	2		2
d) Tandem:	2		2

Safe Drive Save Life  
No Rough Drive

The motor vehicle above described is subject to Hypothecation in favour of MMFSL, SLG, SLG, SLG, Dajing, West Bengal-734001 w.c.f. 29-Jun-2022.

Purchase dt: **17-Mar-2018** Sale Amt: **1900000/-**  
 OTT Date: **18-Apr-2022** Amount/Rept No: **1560 / WB73R22050003612**  
 Tax Up To: **18-Jul-2022** Vehicle is Govt./ Pvt.: **PRIVATE**  
 Tax Exempted or Not: **NOT EXEMPTED** Date of Approval: **04-Jan-2022**

Other State/Transfer/Conversion Details  
 Previous Owner:  Previous Reg No:   
 Old State:  Entry Date:   
 Transfer Date:  Conversion Date:

This certificate is valid from 04-May-2018 to 03-May-2033

Date: 29-Jun-2022 17:28:28

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date: 29-Jun-2022

Registering Authority  
Siliguri M.V. Dept



**UNION OF INDIA Driving Licence**  
**GOVERNMENT OF SIKKIM**

SK04 2018 0032688

	Date of Issue 18-12-2018	Valid By 14-12-2023 18-12-2023	
	Date of Birth 28-10-1998	Blood Group O+	

Name  
**SUNIL BARU**

Father's Name  
**SUBASH BARU**



SK04 2018 0032688

			Mobile No. *****4598
12-12-2018	18-12-2018	18-12-2017	Endorsement Date 21-12-2023

Present Address  
 BHPASA  
 BHPASA  
 BHPASA  
 BHPASA

Endorsement No.  
SK04 /DRP/002184/2023

Holder's Signature

Issuing Authority  
 KTD, BHPASA, SIKKIM

Form 2 (Rev. 18/2)

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

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

FIR No.	31/2024
Date	05.03.2024
Under Section	279/304A IPC
Police Station	Kalimpong

1.	Date of Accident	03.03.2024
2.	Time of Accident	06.30 hrs
3.	Place of Accident	8 <sup>th</sup> Mile, NH-10 Near Mamkhola, Kalimpong.
4.	Offending Vehicle	
	Registration No.	WB71B-2193
	Vehicle Make	Tata Motors LTD
	Vehicle Model	Truck 1613
5.	Driver of the offending vehicle	
	Name	Suoil Saru
	Father's Name	Subash Saru
	Mobile No.	9631304698
	Address	Mukrapara T.G., Cherrul Line, PS Birpara, Dist Alipurduar
	Driving Licence	Permanent
	Driving Licence No.	SK04 20130072655
	Validity of Licence	18.12.2025
	Licensing Authority	L.A. Jorethang, South Sikkim
6.	Owner of the offending vehicle	
	Name	Renu Agarwal
	Father's Name	Dipal Agarwal
	Mobile No.	7430027006
	Address	Ghumachiyapara, Salugara PS Bhaktinagar, Siliguri, Jalpaiguri
7.	In case of commercial vehicle	
	Permit details	Permit No WB2022-CP-0058A Registration Mark of the vehicle WB 71B-2193 Region Covered All West Bengal including NH-10 Except Hilly Portion of Darjeeling and Kalimpong District. Validity of the permit from 04-Jan-2022 to 03-Jan-2027.
	Fitness details	Application No WB23122871148536 Inspected on 28-Dec-2023 next inspection due date 31-Oct-2025.
8.	Insurance Details	

	Policy No.	000726418972200000		
	Period of Policy	16.03.2024 (Midnight)		
	Name of Insurance Company	ICICI Lombard General Insurance Company Ltd		
	Address of the Insurance Company	ICICI Lombard General Insurance Company Ltd Interfoc Building No 16,001/002, 6 <sup>th</sup> Floor, New Link Road, Malad (West), Mumbai-400064.		
9.	<b>Witness(es) to the accident</b>			
	<b>Witness-1: Name</b>	Jas Bahadur Rai		
	Mobile No.	9832760391		
	Address	Porengaan, PS Kaluk, Soreng, West Sikkim		
	<b>Witness-2: Name</b>	Pasang Wangdi Lepcha		
	Mobile No.	9647298212		
	Address	Mangley Busty, PS Kaluk, Dist, Soreng, West Sikkim.		
	<b>Witness-3: Name</b>	Binod Rai		
	Mobile No.	977524069		
	Address	Pukrihang, Mangley, PS Kaluk, Dist Soreng, West Sikkim		
	<b>Witness-4: Name</b>			
	Mobile No.			
	Address			
10.	<b>Brief description of the Accident</b> On 05.03.2024 at about 08.30hrs met with accident one truck and one scooty at 8 <sup>th</sup> Mile, near Mankhola, on NH-10, where scooty rider succumbed to injury. During the investigation it could be learn that from pillion rider Jas Bahadur Rai of the victim scooty, he stated that when they arrived in place of occurrence the deceased tried to overtake a truck during which the scooty bumped with the side of the truck, losing its control by which they fell down where the deceased fell below the rear truck tyres left side of the scooty and he jumped to the right side of scooty in the drainage of the road.			
11.	<b>Details of compliance(s)</b>			
	i.	Date of filing of First Accident Report (FAR)		
	ii.	Date of uploading FAR on the website of Delhi Police		
	iii.	Date of delivery of FIR and FAR to the Insurance Company		
	iv.	Date of delivery of FIR, Form-II and FAR to the Victim(s)		
	v.	Date of receipt of Form-III from the Driver		
	vi.	Date of receipt of Form-IV from the Owner		
	vii.	Date of delivery of Form-III and Form-IV to the Insurance Company		
	viii.	Date of delivery of Form-III and Form-IV to the Victim(s)		
	ix.	Whether the information/ documents of the driver/owner have been verified. <i>If yes, attach the Verification Report.</i>	Yes	No
12.	<b>Passenger details</b>			
i.	Gender	Male	Female	TG



ii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Severity	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 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 Front Seat Other Pillion Rider Rear Seat
ix.	Seatbelt/ Helmet	Yes    No    Not Known
x.	Passenger Action	Standing Sitting Boarding Falling Alighting
xi.	Nationality	Indian Foreigner
<b>13.</b>	<b>Pedestrian Details</b>	
i.	Gender	Male    Female    TG
ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iii.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

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

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

**S.H.O./O.P.I.S./EMPLOYEE No. :** \_\_\_\_\_

**Phone No. :** 9912371025

**P.S. :** Kalinpong

**Date :** 08.04.2024

**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
-





# SEIZURE LIST

PR NO 48/24

Melli OP GDE NO 128 dt 05.03.2024  
Ref. Kalumpung PS case No 31/24 dt 05.03.2024 w/s 279/3041 PC

- 1. DATE & TIME OF SEIZURE : on 05.03.2024 in between 07:55 hrs to 08:55 hrs.
- 2. PLACE OF SEIZURE : NH-10 8th Mile, near Mamukhola Kalumpung.
- 3. FROM WHOM SEIZED : from offending driver sumit Sam 32yrs. S/O Subash Sahu
- 4. NAME OF WITNESS : of Maleswara PS Bimpura Dist Alipurduar.
  - (i) C/09 Bishnu Roy of Melli OP under PS Kalumpung
  - (ii) C/984 Raj Kumar Barui of Melli OP under PS Kalumpung

Sumit Sam

- DESCRIPTION OF SEIZED ARTICLES : *stolen*
- 1. one white and blue Tata Truck bearing registration No WB 71B 2193 and key
  - 2. one red and black colour TVS NTORQ Scooty bearing registration No SK 04 P. 8020 front left side damaged in collision.
  - 3. one original certificate of Registration having registration No WB 71B-2193 Regt. date 04.05.2018 in S/O Renu Agarwal W/O Bipul Agarwal Engine No CR16-75HAY107525 Chassis No. MAT37338212H15789 issued by Registration Authority Soliguri M.V. Deptt.
  - 4. one original Certificate of Fitness. Certificate will expire on 29.12.2025. Vehicle No WB 71B 2193.
  - 5. one PUC valid upto 02/02/2025.
  - 6. one animalisation letter
7. one original Permit having Permit No WB 2012 GP-0058A in S/O Renu Agarwal. Validity of the Permit from 04. Jan 2012 to 03. Jan 2017.
8. one original certificate of insurance having Policy No 32031284389321001000 Period of insurance - 17. Mar. 2023 00:00 hrs to 16. Mar 2024 midnight.
9. SIGNATURE OF WITNESS
- (i) C/9 Bishnu Roy
  - (ii) C/984 Raj Kumar Barui



SEIZED BY ME  
C/91 Samsu Barua

**SEIZURE LIST**

PR No 51/24

740

REP: Kalimpong PS Case No 31/2004 dt 09/03/2024  
u/s 279/304 & IPC

- 1. DATE & TIME OF SEIZURE : on 09.03.2024 at 07:45hr.
- 2. PLACE OF SEIZURE : At Melli CP
- 3. FROM WHOM SEIZED : from sumit sarkar 3246 S/O  
Sudhakar Sarkar of Makhapara
- 4. NAME OF WITNESS : T.G. Chatterjee Line PS Kalimpong  
Dist. Alipourmahal.
- (i) ASI(18)-180 Rabi Ojha  
of Melli CP. PS Kalimpong
- (ii) CVF-84 Sachin Pradhan  
of Melli CP.  
PS Kalimpong.

Sumit Sarkar

5. DESCRIPTION OF SEIZED ARTICLES :

one original driving license having D/L No  
SK 04 2015 0032655 validity (T) 18.12.2025 in  
signature of Sumit Sarkar issued by RTO Jorethane  
South Subdivision

6. SIGNATURE OF WITNESS

(i) ASI(18)180 Rabi Ojha

(ii) CVF 84 Sachin Pradhan

*[Handwritten Signature]*  
09/3/2024

*[Handwritten Signature]*  
09.03.2024  
SEIZED BY ME  
(Asi Samir Lepcha)  
Melli CP PS & R.



**UNION OF INDIA Driving Licence**  
**GOVERNMENT OF SIKKIM**

**SK04 2018 0032655**

	Date of Issue <b>15-12-2018</b>	Validity ① 14-12-2038 ② 18-12-2025	
	Date of Birth <b>28-10-1995</b>	Blood Group <b>O+</b>	




Name  
**SUNIL SARU**

Father's Name  
**BUBASH SARU**







**SK04 2018 0032655**

 15-12-2018	 18-12-2018	 18-12-2018	Mobile No. <b>4096</b>
Present Address <b>SEPARA, SEPARA, JALPAIGURI, WEST SIKKIM</b>			Endorsement Date <b>21-12-2023</b>
Holder's Signature			Endorsement No. <b>SK04 /DRP/0002184/2023</b>

Issuing Authority  
 Traffic Police  
 WTD, JALPAIGURI, SIKKIM

Page 7 Rule 10(2)





# GOVERNMENT OF WEST BENGAL

## State Transport Department SILIGURI ARTO

### FORM 23

#### CERTIFICATE OF REGISTRATION



Registration No: WB71B2193      Registration Date: 04-May-2018  
 Description: GOODS CARRIER      Purpose For Printing RC: HPA  
 Dealer's Name: MAURYA MOTORS LTD., LAYAK HOUSE, NH. 39 DEEDARGANJ, PATNA, ...  
 Owner Name: RENU AGARWAL      Son/wife/daughter of: DIPPAL AGARWAL  
 Full Address: [Permanent] CHUMACHHYAPARA, SALUGARA, BHAKTINAGAR SILIGURI, JALPAIGURI, WEST BENGAL-773405  
 Full Address: [Temporary] CHUMACHHYAPARA, SALUGARA, BHAKTINAGAR SILIGURI, JALPAIGURI -WEST BENGAL-773405

Fitness Up To: 29-Dec-2023      Tax Up To: 18-Jul-2022  
 Owner Serial No: 2

**Detailed Description**

Class of Vehicle	: GOODS CARRIER	Link Vehicle No	
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE IV
Maker's Name	: TATA MOTORS LTD	Rear HSIRP No	
Front HSIRP No		Month/Year of Manuf.	: 08/2017
Type of Body	: TILT SLIP CAB (TD)	Chassis No	: MAT373382H2H15789
No of Cylinders	: 6	Fuel	: DIESEL
Engine No	: CRM-75HSY 107565	Cubic Capacity	: 5675.00
Horse Power(BHP)	: 134.00	Wheel base	: 4225
Maker's Classification	: TATA LPT 1613 CRM BS-IV	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 4950
Sleeper Cap	: 0	laden/GV Wt (kgs)	: 16200
Colour	: WHITE AND GREEN	Service Type	: Goods Service
Other Criteria		Vehicle Purchase Ax	: Drive Away Chassis
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:	10.00R20 16PR		6000
b) Rear:	10.00R20 16PR		10200
c) Other:	2		2
d) Tandem:	2		2

**Safe Drive Save Life  
No Rough Drive**

The motor vehicle above described is subject to Hypothecation in favour of MMFSL, SLG, SLG, SLG, Darjiling, West Bengal-734001 w.o.f. 29-Jun-2022.

Purchase dt	: 17-Mar-2018	Safe Amt	: 1900000/-
OTT Date	: 15-Apr-2022	Amount/Rcpt No	: 1550 / WB73R22050005612
Tax Up To	: 18-Jul-2022	Vehicle is Govt/ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 04-Jan-2022


**Other State/Transfer/Conversion Details**

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

This certificate is valid from 04-May-2018 to 03-May-2033

Date: 29-Jun-2022 17:28:28

Tax/fee Particulars / Advance Registration Mark Fee Details

  
 Signature of Registering Authority  
 Date: 29-Jun-2022

Registering Authority  
Siliguri M. V. Deptt



**CIFICATE OF INSURANCE CUM POLICY SCHEDULE**



**Goods Carrying Vehicle Package Policy**  
 Product Code: 8003 UIN: MDAN11SRP0018Y0190289

<b>Name of the Insured</b>	RENU AGARWAL	<b>Policy No.</b>	MDN284418322500000
<b>Address</b>	C/O- BIPAL AGARWAL, GHUMACHYAPARA, BALURAJA, BHAKTINAGR, BILIGURI, EAST BOKKIM-737133, SILIGURI, WEST BENGAL 734401	<b>Period of Insurance</b>	From 17, 2023 00:00 to Midnight of Mar 16, 2024
<b>Telephone No</b>	-	<b>E-Policy No.</b>	-
<b>Email Address</b>	SHRIBALAJEELOGISTICS@GMAIL.COM	<b>Policy Issued On</b>	-
<b>Nominee Name</b>	-	<b>Governor No.</b>	284389322
<b>Relationship</b>	-	<b>RTO Location</b>	WEST BENGAL-SILIGURI
<b>Age</b>	-	<b>Hypothecated To</b>	-
<b>QATH No. (Customer)</b>	-	<b>Vehicle Class</b>	Public Carrier
<b>Servicing Branch Name</b>	Gangtok	<b>Category</b>	-
		<b>Invoice No.</b>	1003231625623

**Servicing Branch Address** : 72 B, FRIH Market Building W. O. Road Gangtok 80010 737101

Are you or any of the proposed applicants a PEP or a close relative of a PEP? No

Vehicle Registration No.	Make	Vehicle SubClass	Model	Model Build	Type of Body	GVW	Mfg Yr	Carrying Capacity	Chassis No.	Engine No.	Trailer Chassis No.
WB71B7L83	TATA MOTORS	TRUCKS	LPT 1613	FULLY BUILT	Open	16200	2017	2	MAT373382 R2N18788	CR0675HSBY 107665	0

Trailer Registration No.	Body IDV (₹)	Chassis IDV (₹)	Trailer (₹)	Electrical / Electronic Accessories (₹)	Non Electrical Accessories (₹)	CNG / LPG Unit (₹)	Total IDV (₹)
	0.00	11,00,000.00	0.00	0.00	0.00	0.00	11,00,000.00

OWN DAMAGE(A)		(₹)	LIABILITY(B)		(₹)
Basic OD Premium		4,024.00	Basic Third Party Liability		38,313.00
Geographical Extn OD Premium		400.00	Geographical Extn TP Premium		100.00
IFT-23 Loading		604.00	Total		38,413.00
Sub Total		5,028.00	Add:		
Load			Legal Liability to Paid Driver		50.00
No Claim Bonus 20%		1,006.00	Legal Liability for Cleaner/Conductor		50.00
Sub-Total Deductions		1,006.00	Sub-Total		100.00
Total Own Damage Premium(A)		4,022.00	Total Liability Premium(B)		38,513.00
			Total Package Premium (A+B)		38,535.00
			Premium Taxable @ 12% (Basic TP Liability)		35,313.00
			- GST @ 12%		4,237.56
			Premium Taxable @ 18% (Other than Basic TP Liability)		1,222.00
			- GST @ 18%		759.96
			Total Tax Payable in ₹		4,997.56
			Total Premium Payable in ₹		44,432.56

<b>Geographical Area:</b> India, Bhutan, Nepal, Bangladesh	<b>Applicable UFT Clause:</b> 23
<b>Compulsory Deductible:</b> ₹ 1,000.00	<b>Voluntary Deductible:</b> ₹ 0.00

<b>Premium Collection No</b>	1166432473	<b>Premium Amount (₹)</b>	44,432.56	<b>Receipt Date</b>	18-03-2023
<b>CBTRC Reg.No</b>	13AAAR76040120	<b>INSURER code</b>	907134 / GENERAL INSURANCE SERVICES		

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 148, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

**Limits of Liability:** (a) Under Section II(i) of the policy: Death of or bodily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. (b) Under Section II(j) of the policy: Damage to Third Party Property ₹ 7,00,000.00/-; PA Cover for Driver-Owner under Section III: CSI ₹ 0.00/-. The Compulsory Personal Accident cover has not been opted in this policy on account that, the Owner driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for both insured of at least Rs.15 lacs. **Limits/Class as to Use:** The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub section(3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover 1) Use for organized racing, pace making, reliability trials or speed testing, 2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle 3) Use of carrying passengers in the vehicles; except employees (other than the driver) not exceeding the number permitted in the registration document and coming under the purview of Workmen's Compensation Act, 1923. **Driver's Clause:** Any person including the insured; Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. **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 reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". In consideration of the premium for this extension being calculated at a pro-rata proportion of the annual premium, it is hereby declared and agreed by the insured that upon expiry of this extension, this policy shall be renewed for a period of twelve months, failing which the difference between the extension premium now paid on pro rata basis and the premium at short period rate shall become payable by the insured. For Legal Interpretation, English version will hold good. **Disclaimer:** Please visit [www.icicilombard.com](http://www.icicilombard.com) for the policy wordings, for complete details on terms and conditions governing the coverage and NCB. This document is to be read with the policy wordings. The policy is valid subject to realization of cheque. We accept premium only via legally recognized modes. In case of dishonour of premium cheque, the company shall not be liable under the policy and the policy shall be void ab-initio. In case of any discrepancy with respect to the policy, please revert within 15 days from the policy start date. This policy is underwritten on the basis of the information provided by you and as detailed in the Risk Assumption Letter shared with you along with the policy. On renewal, the benefits provided under the policy and/or terms and conditions of the policy (including premium rate) may be subject to change. **Disclaimer:** For resolution of any query or grievance you may contact us on our toll free no. 1600

In case of a claim, you may only rely ICICI Lombard General Insurance Co. Ltd. (hereinafter referred to as "Insurer") at 100 Park Street, 6th Floor, Fort, Chennai - 600 005. ICICI Lombard General Insurance Co. Ltd. (hereinafter referred to as "Insurer") at 100 Park Street, 6th Floor, Fort, Chennai - 600 005.  
 Mailing Address: ICICI Lombard General Insurance Company Limited, 100 Park Street, 6th Floor, Fort, Chennai - 600 005.  
 Registered Office Address: ICICI Lombard General Insurance Company Limited, 100 Park Street, 6th Floor, Fort, Chennai - 600 005.  
 Insurance Policy No. MDN284418322500000



[FRESH PERMIT]

Date of Approval : 04-Jan-2022



**TRANSPORT DEPARTMENT, WEST BENGAL**

**FORM X**

**(See rule 128 of WBMT Rules 1989)**

**PERMIT IN RESPECT OF GOODS PERMIT**

**PART-B**

*Safe Drive Save Life  
..... No Rough Drive*

1. Permit No. **WB2022-QP-0088A**  
2. Name Of The Permit Holder **RENU AGARWAL**  
3. Father's/Husband's Name **BIPPAL AGARWAL**  
4. Address **GHUMACHIYAPARA SALUGARA BHAKTINAGAR  
SILIGURI, West Bengal Jalpaiguri-773400**  
5. Registration Mark of the Vehicle **WB71B2193**

6. The route or routes of the area for which the permit is valid:

Region Covered :

**ALL WEST BENGAL INCLUDING NH 10 EXCEPT HILLY  
PORTION OF DARJEELING AND KALIMPONG  
DISTRICT**

7. Validity of the Permit :

& Conditions of Permit

From: 04-Jan-2022 To: 03-Jan-2027

Attached

Date 04-Jan-2022

Secretary,  
State/Regional Transport Authority, SILIGURI ARTO  
West Bengal  
Secretary  
Regional Transport Authority  
Siliguri





**GOVERNMENT OF WEST BENGAL**

State Transport Department

SILIGURI ARTO

FORM 38

[See Rule 62(1)]

**CERTIFICATE OF FITNESS**

(Applicable in the case of transport vehicles only)

Vehicle No: WB71B2193(Goods Carrier) is certified as complying with the provisions of the Motor vehicles Act, 1988 and the rules made there under.

Registration No : WB71B2193  
Application No : WB23122871148536  
Inspection Fee Receipt No : WB73R23120007595  
Receipt Date : 28-Dec-2023  
Chassis No : MAT373382H2H15789  
Engine No : CR16-75HSY107565  
Seating Capacity : 2 (Including Driver)  
Type of Body : TILT\_SLP\_CAB(709)  
Manufacturing Year : 2017  
Category of Vehicle : HGV  
Inspected on : 28-Dec-2023  
Printed on : 04-Jan-2024 16:54:00

Safe Drive Save Life  
No Rough Drive

Certificate will expire on : 29-Dec-2025

Next Inspection Due Date : 31-Oct-2025

Inspected by (SHUBHASISH SARKAR)

Signature of Inspecting Authority  
SILIGURI ARTO Inspector (Tech)  
Siliguri

**MECHANICAL EXAMINATION REPORT**

Date: 12-03-2024

Ref.: MELLI, O.P.D.R, No, 141 /2024, Dated. 09-03-2024.

ps: Kollimpong.

Case No. / M.A Case No.: 31 /2024, Dated. 05-03-2024.  
U.S, 279 / 304.A.I.P.C.

Name and designation of the Motor Vehicle

Inspector/Expert: gholanath Baruri / Automobile Engineer / Mechanical Expert .

Venue and Date of Examination: Melli Out Post compound on 12-03-2024.

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

- a. Make TVS MOTOR COMPANY LTD .
- b. Type MOTOR SCOOTY.
- c. Model 2020 .
- d. Registration Number SK 04 P 8020 .
- e. Chassis Number MD 626 AK 36 L 2C 06206 .
- f. Engine Number AK 3 CI, 2606028 .
- g. Colour RED, BLACK .

h. Distinguishing Features (Basically please write if the vehicle can be identified without the registration number like some specific Name / Painting on the Body / Windscreen etc)

Nil .

I. General Description from outside - Eye View -

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

Nil .

b. Description of damage caused (specify)-

Front both side shockabsorber assy, Steering assy, Front mudguard, show, scooty body is badly damage .

c. Any other point of interest-

Nil .

2. Condition of Brakes (Please attach Photographs)
- a. Are the brakes OK? Yes  No
  - b. Are they worn out? Yes  No
  - c. Whether the brakes show wear and tear due to sudden application of the brakes at the time of accident? Yes  No
  - d. Are there signs of brake failure which could have led to the accident? Yes  No
3. Condition of Tyres (Please attach Photographs)
- a. Do the tyres conform to the standards stipulated in MV Act 1988? Yes  No
  - b. Are the tyres worn out or resoled? Yes  No
  - c. Do the tyres reveal any mark 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 even after braking? Yes  No
  - e. Were the tyres found punctured? If yes specify whether before or after the accident collision.  
There is no any puncture found at the time of examination. Yes  No
4. Condition of Gears -
- a. Whether the gear lever, gear pinion, gear handle and clutch were in flexible state at the time of accident? Yes  No
  - b. Whether these parts are in sufficiently lubricated condition? Yes  No
5. Condition of Steering -
- a. Whether steering is adequately mobile? Yes  No
  - b. Whether the tie rod is in perfect working condition? Yes  No
6. Condition of Lights -
- a. Whether the Head Light / Fog Light / Indicator of the vehicle are in working condition? Yes  No
  - b. If not, is the same due to accident or were faulty even before the accident?  
Light's are not working properly due to accident.
7. Condition of battery :-  
What is the Condition of battery?  
Battery is not working properly.



8. Condition of Rear View Mirrors -

a. Are the Rear view mirrors present inside the vehicle, and both on the left and right side of the vehicle?

Yes  No

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

10. Condition of Speed Governors:-

a. Whether speed governor have been installed?

Yes  No

b. Are they in operational condition?

Yes  No

c. Have they been tampered with?

Yes  No

11. Condition of the Wipers-

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

Yes  No

12. Whether EDR (Event Data Recorder) present or not?

Yes  No

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

Yes  No

14. Overloading -

Was the vehicle overload? if yes, further remarks.

Nil .

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

From the Technical point of view the cause of accident of the above mentioned vehicle appears to be other than mechanical failure .

Date and time of Examination of the vehicle

On 12-03-2024 at about 12.45.P.M.

Signature of the Mechanical Expert

*Bhola Nath Baruri*  
12-03-2024

Bhola Nath Baruri  
Automobile Engineer  
Mechanical Expert

**BJJOLA NATH BARURI**  
AUTOMOBILE ENGINEER  
MECHANICAL EXPERT  
VEHICLE ESTIMATOR  
(STATE APPROVED) REG. NO. 1179

**M/S. B. N. BARURI MECHANICAL  
EXPERT AND CO.**  
C/O. M/S. ANIL TRADING CO.  
SEVOKI ROAD, SILIGURSI-754 001  
DARJEELING  
(WEST BENGAL GOVT) REG. NO. L-72544

Photograph of Vehicle bearing registration no  
**SK 04 P 8020 TVS NTORQ SCOOTY**

Date 12-03-2024.



**Bholanath Baruri**  
Automobile Engineer Mechanical Expert

*(Handwritten Signature)*  
12-03-2024

**Bhola Nath Baruri**  
Automobile Engineer  
Mechanical Expert

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

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

FIR No.	31/2024
Date	05.03.2024
Under Section	279/304 A IPC
Police Station	KALIMPONG PS

1.	Date of Accident	05.03.2024
2.	Time of Accident	06.30 hrs
3.	Place of Accident	NH-10, 8 <sup>th</sup> Mile near Mamkhola
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	WB 71B 2193
6.	Owner Details	
	Name	Renu Agarwal
	Address	Ghumachiyapara, Salugara PS Bhaktinagar, Siliguri, Jalpaiguri
7.	Driver Details	
	Name	Sunil Saru
	Address	Makrapara T.G., Chettri Line, PS Birpara. Dist Alipurdaur
8.	Insurance Details	
	Policy No.	3003/264389322/00/000
	Period of Policy	16.03.2024 (Midnight)
	Name of Insurance Company	ICICI Lombard General Insurance Company Ltd

**DEATH CASE**

9.	Name of the deceased	Mani Kumar Rai
10.	Father's Name	Late Jumbu Lal Rai
11.	Age / Date of Birth	51yrs
12.	Date of death	05.03.2024
13.	Gender of the deceased	Male
14.	Marital status of the deceased	Married
15.	Occupation of the deceased	Govt job
16.	If the deceased was employed, give the name and address of the employer	No
17.	Income of the deceased	



18.	<b>Whether the deceased was assessed to Income Tax</b> <i>If yes, file the copy of Income Tax Returns for the last three years</i>	No			
19.	<b>Whether the deceased was the sole earning member of the family</b>	Yes			
20.	<b>Details of medical treatment given to the deceased, prior to death. Give details of medical expenses incurred</b>				
21.	<b>Whether the victim got reimbursement of medical expenses from his employer or under a Medclaim policy or under any government cashless treatment scheme or government insurance scheme</b> <i>If yes, provide details</i>				
22.	<b>Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased</b>				
	<b>Name</b>	<b>Age / Date of Birth</b>	<b>Gender</b>	<b>Relation</b>	<b>Marital Status</b>
i.	Urmila Rai	41yrs	Female	Wife	
ii.	Anil Rai	23yrs	Male	Son	
iii.	Pramil Rai	21yrs	Do	Son	
iv.					
v.					
vi.					
23.	<b>Name, Contact Number and Address of Legal Representatives of the deceased</b>				
	<b>Name</b>	<b>Contact Number</b>	<b>Present Address as well as Permanent Address</b>		
i.					
ii.					
iii.					
iv.					
v.					
vi.					
24.	<b>In case of children below the age of 18 years</b>				
	<b>Name of Child</b>	<b>Details of school and class of the child</b>	<b>Annual School fee</b>	<b>Approximate expenditure of the child</b>	
i.					
ii.					
iii.					
iv.					
v.					
vi.					

**INJURY CASE**

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

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 expenditure likely to be incurred on future treatment		
iii.	Expenditure on conveyance, special diet, attendant charges, etc.		
iv.	Loss of income		
v.	Loss of earning capacity		
vi.	Any other pecuniary loss/ damage		
44.	<b>Whether the injured got reimbursement of medical expenses from his employer or under a Medclaim policy or under any government cashless treatment scheme or government insurance scheme</b> <i>If yes, provide details</i>		No
45.	<b>Value of loss/ damage to the property</b>		
46.	<b>Any additional information</b>		
47.	<b>Brief description of the accident</b>		
48.	<b>Compensation claimed</b>		
49.	<b>Hospital details</b>		
i.	PMJAY Empanelled	Yes	No
ii.	Hospital name		
iii.	State		
iv.	District		
v.	Address		
vi.	Pincode		
vii.	Hospital Type		



viii.	Classification (if Government)	Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions
ix.	Speciality (if Private)	Multispecialty hospital Allergy Anesthesia Bariatric Medicine/Surgery Burn/Trauma Cardiac Catheterization Cardiology Cardiovascular Surgery Dermatology Electrophysiology Emergency Medicine Endocrinology Family practice Gastroenterology General Surgery Geriatrics Gynecology/ oncology Hematology/ oncology Hepatobiliary Hospitalist Infectious Disease Internal medicine Interventional radiology Medical genetics Neonatology Neuroradiology Neurology Neurosurgery Nuclear medicine Obstetrics & Gynecology Occupational Medicine Ophthalmology Oral Surgery Orthopedics Otolaryngology / Head & Neck Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist

		Physical Medicine
		Plastic & Reconstructive Surgery
		Pediatric Surgery
		Psychiatry
		Pulmonary Medicine
		Radiation Oncology
		Radiology
		Rheumatology
		Surgical Oncology
		Thoracic Surgery
		Transplant Surgery
		Urology
		Vascular Surgery
		Wound CareENT

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	
<b>50.</b>	<b>Patient's details</b>	
i.	Patient Type	
ii.	In Patient/Out Patient	
iii.	Time of Arrival	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	Male Female
viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	Father Guardian
x.	Relation (if Female)	Father Mother Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	



xvii.	Identification Mark 2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	
i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag / Triage	Red Yellow

		Green Black No Pre-Arrival Intimation Not recorded or inadequately described
iii.	Injury Nature	Blunt Abdominal Trauma Cranial Trauma Fracture or Dislocation of Bone or Tooth Severe Coma Permanent Disfigurement of Head or Face Privation of any Member or Joint Wounds or Cut Degloving Injury
iv.	Level of Consciousness	Alert Drowsy Un Responsive
v.	Breathing	Spontaneous Breathing Non Spontaneous Breathing
vi.	Systolic BP (MM)	
vii.	Diastolic BP (MM)	
viii.	Pulse/Heart Rate (BPM)	
ix.	Respiratory Rate	
x.	SPO2 (%)	
xi.	Temperature (°F)	
xii.	Orientation	Oriented Disoriented
xiii.	Description of Pupil	Equal in Size - Normal Reaction Not-Equal Constricted Dilated and Fixed
xiv.	Physical Examination	Open or Closed suspected Skull Fracture Chest Injury including Pneumothorax Not recorded / Inadequately described Suspected Pelvic Injury Spinal Injury Crush Injury including Degloving Pre-hospital data unavailable Amputation proximal to wrist and make Penetrating to Head, Neck, Torso

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



		Intensive care unit Died in Emergency Disposition Brought Dead
52.	<b>History as stated by the Injured</b>	
53.	<b>Details of Injuries</b>	
54.	<b>Discharge Summary</b>	
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	No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present      Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered Soiled Torn
viii.	General Disposition	Calm Talkative Abusive Aggressive
ix.	Self Control	Normal      Impaired
x.	Memory	Normal      Impaired
xi.	Orientation of time & space	Normal      Impaired
xii.	Reaction time	Normal      Delayed
xiii.	Gait	Normal

		Unsteady Unable to stand upright
xiv.	Finger nose test	Positive      Negative
xv.	Romberg's sign	Positive      Negative
xvi.	Special examination (Blood & urine)	Preserved      Not Preserved
xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings / Injuries on the body	
<b>56.</b>	<b>Postmortem Certificate</b>	
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/expense 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 Mediciam policy, if taken
9. Any other document

##### In Injury Cases:

1. Multi angle photographs of the injured
2. Proof of age of the injured which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the injured which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.

6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children
7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
9. Any other

document Other





documents to be

submitted

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

**Verification:**

Verified at \_\_\_\_\_ 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.	ANIL RAI		 
2.	Smt. URMILA RAI	Urmila Rai	
3.	PRAMIL RAI	Pramil Rai	
4.			
5.			
6.			