

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.

4975PTC39D2Y619743

MAT455024A8D18715

12. Route permit particulars

13. Action taken. If any and the result

Investigation proceeding.

Submitted.

(S, Indra Tamang)

Melli O.P. Under

P.S. & Distt-Kalimpong .

FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

7628

Dist. Kalimpong P.S. Kalimpong Year 2024 FIR No. 28/24 Date 02-03-24

(i) Act IPC Sections 279/304(A) (ii) Act — Sections —

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

(a) Occurrence of Offence: Day Friday Date From 02-03-24 Date To —
Time Period Night Time From about 20:00 hrs Time To —

(b) Information received at P.S. Date 02-03-24 Time 11:05 hr

(c) General Diary Reference: Entry No(s) 53 Time 11:05 hr

Type of Information: Written / Oral

Place of Occurrence: (a) Direction and Distance from P.S. South 10 km Beat No. —

(d) Address NH-10 near Maakhata, P.S. Kalimpong

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

Complainant / Informant:

(a) Name Atan Kumar

(b) Father's / Husband's Name Lipendra Das

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

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

(f) Occupation —

(g) Address Ramphe, Sikkim

Details of known / suspected / unknown accused with full particulars Driver of vehicle bearing Reg No. SK-01-D-3674
(Attach separate sheet, if necessary):

Reasons for delay in reporting by the Complainant / Information —

Particulars of properties stolen / involved (Attach separate sheet, if necessary): Car vehicle bearing Reg No. SK-01-D-3674

Total value of properties stolen / involved —

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

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

Action taken: Since the above report reveals commission of offence(s) as mentioned at item No. 2, registered the case and took up the investigation / directed SP. Sachin Tamang to take up investigation / refused investigation / transferred to P.S. — on point of jurisdiction. FIR read over to the Complainant / Informant, admitted to be correctly recorded and a copy given to the Complainant / Informant free of cost.

Taken in Original Written Complaint

14. Signature / Thumb impression of the Complainant / Informant

15. Date & Time of despatch to the court:

Signature of the Officer-in-Charge [Signature]
Inspector-in-Charge
Kalimpong Police Station
Dist. Kalimpong

Name: Shri. Praveen Pradhan

Rank: No. SPC Kalimpong 15

1

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	KALIMPONG 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 Samaritan Police Others (Specify)
	Name, mobile number & address of the Informant	
	Name	ARUN KUMAR
	Mobile No.	9641961025
	Address	Rangpo East Sikkim
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number involved of Vehicles	SK 01D- 3674
	Whether Registration Number of the Offending Vehicle known	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Whether offending Vehicle impounded by the police	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Whether the driver of the offending vehicle found on the spot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Fatalities	01
	Number of Injured	
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	RANGPO PRIMARY HEALTH CENTRE

DR-122/24
A: 02:03:24

2

	Address	RANGPO	
	Doctor's Name		
7.	Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR	No	
8.	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)		
	Details	Vehicle 1 (Offending vehicle)	Vehicle 2
	Vehicle Details		
	Vehicle Registration No.	SK 01D-3674	
	Driver Details		
	Name of the Driver	WASHIP KHAN	
	Address of Driver	UPPER BAZAR, RANGPO, EAST SIKKIM	
	Mobile No. of Driver		
	Owner Details		
	Name of the Owner	RAJENDRA PRASAD	
	Address of Owner	MAJITAR MW NH 31A PO MAJITAR PS RANGPO EAST SIKKIM	
	Mobile No. of Owner	6295354565	
	Insurance Details		
	Insurance Policy No.	10003/31/23/386550	
	Period of Insurance Policy	Midnight of 10/02/2024	
	Name of Insurance Company	SHRIRAM GENERAL INSURANCE	
	Address of Insurance Company	8, RIICO INDUSTRIAL AREA, SITA PURA, JAIPUR, RAJASTHAN-302022	
9	Details of Victim(s)		
	Name	Deceased /Injured	Address & Contact Details
i	UNKNOWN		
ii			
iii			
iv			
v			
vi			
10	Other Accident Details		
i	Reporting Date & Time	02.03.2024 at 11.05 hrs	

3

ii.	Landmark	MAMKHOLA	
iii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Death
	Drivers		
	Passengers		
	Pedestrians		01
	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	

h

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

(5)

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

S.H.O./I.O
Phone No. : 9593832207
P.S.: Kalimpong P.O.
Date: 02/03/24

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

This refers to Katiya Road P.S. case NO 28/24
At 02:03:24. Signature list C/P 2734A IPC.

Ref: Melli O.P. G.D. NO: 48/24. At 02:03:2024.
PR No 44/24

1) Date & time of seizure: on: 02:03:24 in between
12:05 hrs to 12:45 hrs.

2) Place of seizure: At Maru Khola near Zogon
Restorant, Melli, Katiya Road.

3) Person whom seized: on behalf produced by Waship
Khora driver of off road
Veh. (TATA) Truck bearing Regd
No SK-01D-3674.

4) Name of witness:
A) Rashmi Prasad, S/O S. N. Prasad, Road to Matilan East -
Sukhira P.S. Road.
B) ASI Samir Lechan, of Melli Post
Code Katiya Road P.S.

5) Description of seized articles:

- (i) Pollution certificate bearing police no: CUL no. 466
01ARJ 2006 PLC 0299 E9 (ii) Pothol card no- 552
12469686 in d/o driver. Waship Khora (iii) Voh
card No: ZTC00049120. (iv) Zero tax copy of driving
License vide SK-0420140002756 in d/o. Waship Khora
(v) certificate of fitness vide Regd no: SK-01D-3674
(vi) Chassis no: MATB95 03 ENR K18144, 2 Engine No ISBE
59100407LK62627325 amount ask Khora Year-2017.
Colour- Arctic white.
- (vii) Seized one offending machine bearing Reg No-SK-01D-
3674.

Above noted articles seized
as above of the case.

Signature of witness.

- (a) ROSHAN PRASAD 6295354565
- (b) ASI Samir Lechan

Seized by me
Yograj
02/03/24.
SI, T. J. and S. J. Singh
C/O P.S.

WASHIP KHORA



SEIZURE LIST

Case No. 662/24. At: 28/03/24. At: 02/03/24. PP. No. 65/24

1. DATE & TIME OF SEIZURE : 28/03/24 at 08:10 hrs
2. PLACE OF SEIZURE : Melli out post, A.S. Khatima
3. FROM WHOM SEIZED : car being produced by Rashmi Prasad s/o. Rajendra Prasad of Raaga, Mayitar, East-Sikkim
4. NAME OF WITNESS :
 - (i) cvf. 149 Abishek Khawas, of Melli out post, under Khatima P.S. Distt: Khatima.
 - (ii) ASI, Samir Lepcha, of Melli out post, under Khatima.

5. DESCRIPTION OF SEIZED ARTICLES :
 - 1) Seized car certificate of fitness in R/O, offending vehicle No-SK-01D-3674, Valid-06-11-24
 - 2) seized car original insurance policy certificate, vide policy No: 10603/31/2446EE82, Valid = 10/02/25 (Mildraj)
 - 3) Seized car Authorisation letter.
 - 4) Seized car driving license no: SK-04-2014,0008ES6 in the name of Waship Khna, Valid-35-07-24.
 - 5) Seized car power of Attorney Holder namely Rashmi Prasad s/o, Rajendra Prasad of Mayitar MW NH31A, above petrol pump, Raaga, East-Sikkim. E3E132. appointed by his father Rajendra Prasad, vide s/o: 708 dt. 19/03/24.

Above noted documents seized at the at road of the case.

CvF 149 Abishek Khawas

ASI Samir Lepcha

[Signature]
28/03/24
SEIZED BY ME



E-8, EPIP, SITAPURA INDUSTRIAL AREA, JAIPUR,
RAJASTHAN-302022
CONTACT (TOLL FREE): 1800 - 30030000, 1800 - 1033000

CERTIFICATE CUM POLICY SCHEDULE
SCCV-PUBLIC CARRIERS OTHER THAN THREE WHEELERS - Zone B
MOTOR COMMERCIAL VEHICLE (PACKAGE POLICY)
URN No. 00AAM37895018991200009 - SAC Code: 88734

CIN NO. U66010RJ2006PLC039979

Branch Address	10003- Address - E - 8, RICO INDUSTRIAL AREA, SITA PURA, JAIPUR, RAJASTHAN 302022 INDIA	Branch Office Phone No.	
Geographical Area	INDIA	Policy No.	10003/31/24/467782
Insured's Code/ Name	IP-25795412 / RAJENDRA PRASAD	GSTIN No. Of Insured	Unregistered
Insured Address	S/O- SANKAR PRASAD VELL-MAJIYAR HW NH31A P.O-MAJIYAR P.S-RANGPO KANGPO, EAST SIKKIM, SIKKIM - 737132 FAX-SIGTMT304280001		
Insured State Code	11	NCE Discount (%)	25
Executive	STFC NORTH BENGAL - NB0000000870	Period of Insurance	From 00:00 Hrs of 11/02/2024 To Midnight Of 10/02/2025
Agent Details	SHRI RAM FINANCE LIMITED - CA0197 - 860000000003- Mobile No. - 1111111111- Toll/Phone No. N.A.		
PAN No.	N.A	Prop Issue Date	N.A
Prop No. - TR No.	N.A - N.A	IGST	6130
Gross Premium	45825	SGST/UTGST	0
CGST	0	Total	51955
Previous Insurer	SHRI RAM GENERAL INSURANCE COMPANY LTD	Nominee for Owner/Driver	GULSAN PRASAD
Previous Policy No.	10003/31/23/386550	Nominee Relationship	Son
Nominee Age	28	Appointee Relationship	N.A
Appointee Name	N.A		

REGISTRATION MARK & PLACE	ENGINE NO. & CHASSIS NO.	MAKE - MODEL	TYPE OF BODY / FUEL TYPE	CUBIC CAPACITY / WATT / YEAR OF MANF.	G.V.W	DATE OF REGN. / DELIVERY	SEAT CAP. (INCL. DRIVER)
SK - 01 - D - 3674 & SIKKIM GANGTOR	91604071K63627385 & MAT395037HQK18144	TATA MOTORS - LPT 1615 COWL	OPEN METAL BODY / DIESEL	0 / 0 / 2017	16200	31/12/2017	2 + 1

IDV FOR THE VEHICLE	Battery Number	IDV FOR TRAILER	NON ELECTRICAL ACCESSORIES	Motor Number	ELECTRICAL ACCESSORIES	CHG/LPG kit SI	TOTAL VALUE
818505.00	0	0	0	0	0	0	818505.00

Own Damage Policy Period		Liability Policy Period	
From Date & Time	To Date & Time	From Date & Time	To Date & Time
11/02/2024 00:00 Hrs	10/02/2025 23:59 Hrs of Midnight	11/02/2024 00:00 Hrs	10/02/2025 23:59 Hrs of Midnight

A. OWN DAMAGE		B. LIABILITY	
OD TOTAL	10047.00	BASIC TP COVER	35313.00
TOTAL PREMIUM	45825.00	ADD: GR36A-PA FOR OWNER DRIVER	315.00
ADD: IGST 18.00%	1892.00	ADD: Legal Liability Coverages For Paid Driver	50.00
ADD: IGST 12.00%	4238.00	ADD: Legal Liability Coverages For Coolies	100.00
PREMIUM AMOUNT	51955.00	TP TOTAL	35778.00

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass, CNG/LPG Unit, Geographical Extn, Imported Vehicle etc. wherever applicable). PA Owner Driver Cover Period - From 00:00 Hrs of 11/02/2024 To Midnight of 10/02/2025



CPA Policy Number: N.A., CPA Sum Insured: 0.00, CPA Company Name: N.A., CPA Valid From: N.A., CPA Valid To: N.A.
Deductibles under Section-1 : Compulsory Deductible Rs.1000
Subject to INT Endorsement Printed herein/attached to: INT-28, INT-39, INT-40, INT-7, INT-21, INT-21.
Renewal Agreement with: SHRI RAM FINANCE LIMITED
Hire Purchase/Lease Agreement with:
Limit of Liability:
Under Section II (1) in respect of any one accident: as per Motor Vehicles Act, 1988.
Under Section II (1v) in respect of any one claim or series of claims arising out of one event is Rs. 750000
P.A. Cover under Section III for Owner - Driver (CSI) : Rs. 1500000

PLACE : HEAD OFFICE-III

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

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

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

All the Amounts mentioned in this policy are in Indian Rupees
GSTIN No. 05AAKCE2509K123

For and on behalf of
Shriram General Insurance Co. Ltd.

Authorized Signatory
Page 1 of 2



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



SK04 2014 0008756

Date of Issue

16-07-2014

Validity

Ⓜ 15-07-2034

Ⓜ 18-12-2022



Date of Birth

28-03-1992

Blood Group

O-



Name

WASHIP KHAN

Father's Name

ALLHA UD DIN KHAN GIRI

FORM-IV

OWNER'S/INSURED'S FORM

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

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

1.	Vehicle 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-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus 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 Vehicles Act, 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.	Insurance 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 any MACT case? <i>If yes, give details of FIR and MACT case.</i>	-
5.	In case of commercial vehicle	
	Permit details	
	Fitness details	
6.	Whether the owner reported the accident to the Insurance Company	Yes No
7.	Other details	
i.	Load Category	Passengers Goods
ii.	Age of vehicle	

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

Verification:

Verified at 10:00hr on this 07 day of April 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

S. Indira Lakshmi
Mob. 9503832707

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

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

FIR No.	Kalimpong 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.	Driver 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	15.07..2034.
	Licensing Authority	MVD Jorethang.
6.	Owner of the offending vehicle.	
	Name	Rajendra Prasad.
	Father's Name	-
	Mobile No.	6295364565
	Address	Majitar MW NH-31 A, above Pertol Pump Majhitar, Rangpo Nagar Panchyat Rangpo Forest Block East Sikkim.
7.	In case of commercial vehicle	
	Permit details	-
	Fitness details	-
8.	Insurance Details	

SP No. 225/24 dt: 13/04/24

	Policy No.	10003/31/24467782		
	Period of Policy	10.02.25		
	Name of Insurance Company	Shriram General Insurance Co.Ltd.		
	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 Siliguri		
	Witness-2: Name	Pintu Prasad,S/O Umesh Shankar.		
	Mobile No.	9749330892.		
	Address	Singtam Lal Bazar P.S.Lal Bazar East Sikkim.		
	Witness-3: Name	Sajan Agarwal S/0 Lt,Duli Chand Ararwal.		
	Mobile No.	7001259070		
	Address	Rangpo Lower Market P.S.Rangpo,District Sikkim.		
	Witness-4: Name	ASI,Samir Lepcha.		
	Mobile No.	9932371025.		
	Address	Melli Out Post,Under Kalimpong P.S.		
10.	Brief description of the Accident			
11.	Details of compliance(s)			
i.	Date of filing of First Accident Report (FAR)			
ii.	Date of uploading FAR on the website of Delhi Police			
iii.	Date of delivery of FIR and FAR to the Insurance Company			
iv.	Date of delivery of FIR, Form-II and FAR to the Victim(s)			
v.	Date of receipt of Form-III from the Driver			
vi.	Date of receipt of Form-IV from the Owner			
vii.	Date of delivery of Form-III and Form-IV to the Insurance Company			
viii.	Date of delivery of Form-III and Form-IV to the Victim(s)			
ix.	Whether the information/ documents of the driver/owner have been verified. <i>If yes, attach the Verification Report.</i>	Yes	No	
12.	Passenger details			
i.	Gender	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/ Hemet	Yes No Not Known
x.	Passenger Action	Standing Sitting 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 By Self Private Ambulance Private Vehicle

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

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

Phone No. :9593832707

P.S.Kalimpong

Date..... 13/04/2024

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
-

DR No - 137/24 dt - 08/03/24

To
Shri Jayjib Roy
Mechanical Expert
Pimpasa Jalpaiguri

MALA NALINI
P.S. KOTWALI
JALPAIGURI
735101 (WEB.)

Date - 08/03/24

Ref.: Kalimpang P.S. MA Case No. 28/24 Dt. 02/03/24
u/s 279/304 (A) IPC.

Sub: MECHANICAL EXAMINATION OF THE VEHICLE
BEARING NO. -

SK 01 D - 3674 (TRUCK)

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

Yours faith fully

08/03/2024

JAYJIB ROY
Mechanical Examiner,
Automobile Engineer
Read. No. 029700-3

Description of damage caused (specify)

NIL

Any other point of interest

NIL

MECHANICAL EXAMINATION REPORT

DE NO - 139/14 dt 09/03/14

Date 09/03/2014

No. of Case No. and Date - Kalyansing P.S case no - 28/14 dt 02/03/14 up - 29/06/2014

Name and designation of the Motor Vehicle Inspector/Expert: Sanjib Roy, Mechanical Expert

Venue and Date of Examination: Nelli out bit band on 09/03/2014.

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

- a. Make Tata Motors Ltd.
- b. Type Truck.
- c. Model 2013.
- d. Registration Number SK 01D 3674
- e. Chassis Number MBT395037H2V18144
- f. Engine Number 15BES 9140 40 71X63427 385.
- g. Colour Arctic white.
- h. Distinguishing Features (Basically please write if the vehicle can be identified with the registration number like some specific Name/Painting on the Body/Windscreen etc

NIL

General Description from outside - Eye View :-

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

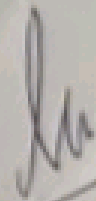
NIL

- b. Description of damage caused (specify)

NIL

- c. Any other point of interest

NIL


SANJIB ROY
Mechanical Examiner
Automobile Engineer
Regd. No 0297003

Condition of Brakes (Please attach Photograph) :-

- 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 sings of brake failure which could have lead to the accident? Yes No

Condition of Tyres (Please attach Photograph) :-

- 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 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

Condition of Gears :-

- a. Whether the gear lever, gear pinion, gear handle and clutch wire in flexible state at the time of accident? Yes No
- b. Whether these parts are in sufficiently lubricated condition? Yes No

Condition of Steering :-

- a. Whether steering is adequately mobile? Yes No
- b. Whether the tie rod is in perfect working condition? Yes No

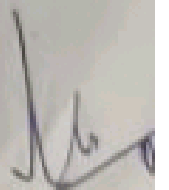
Condition of Head Light's :-

- 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? Yes No

Condition of battery :-

What is the Condition of battery?

Battery is good & working condition



SANJIB ROY
Mechanical Exami
Automobile Engi
Regd. No. 029700

Condition 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) :-

a. Whether speed governor have been installed?

Yes No

b. Are they to operational condition?

Yes No

c. Have they been tampered with?

Yes No

Condition of the Wipers :-

a. Were the Wiper operational prior to accident as can be ascertained 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

Overloading :-

Was the vehicle overloaded? if yes, further remarks.

Not known.

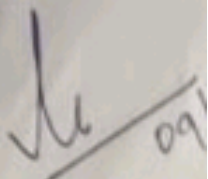
Any other specific observations to highlight the condition or possible cause of the accident :-

From the technical point of view it appears to me that the accident would be due to other than mechanical failure.

Time of Examination of the Vehicle :

-03-2024 at about 03:30 P.M

Signature of the Mechanical Examiner


SANJIB ROY
Mechanical Examiner
Automobile Engineer
Lic. No. 029700-3

Length of the accidental truck being NO - SK01B-3679



09/03/24

SANJIB ROY
Mechanical Examiner
Automobile Engineer
Recd. No. 029700-3

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.	KALIMPONG PS CASE NO-28/24.
Date	On.02.03.24.
Under Section	279/304 A IPC.
Police Station	Kalimpong P.S.

1.	Date of Accident	On.01.03.24.
2.	Time of Accident	At about 20.00 hrs.
3.	Place of Accident	South 19 KM.NH-10,Near Mam Khola P.S.Kalimpong District Kalimpong.
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	SK-01-D,3674.
6.	Owner Details	
	Name	Rajendra Prasad.
	Address	Rangpo Gangtok Rangpo,East District-Sikkim.
7.	Driver Details	Waship Khan S/O Allha-Uddin Khan,of Upper Bazar Rangpo Gangtok East Sikkim-737134.
	Name	Waship Khan
	Address	Upper Bazar Rangpo Gangtok East Sikkim-737134.
8.	Insurance Details	
	Policy No.	Policy No-10003/31/24/467782
	Period of Policy	11/02/2024 to Midnight of 10/02/24.
	Name of Insurance Company	SHEIEAM GENERAL INSURANCECOMPANY LIMITED

DEATH CASE

9.	Name of the deceased	Unknown.
10.	Father's Name	-
11.	Age / Date of Birth	-
12.	Date of death	-
13.	Gender of the deceased	-
14.	Marital status of the deceased	-
15.	Occupation of the deceased	-
16.	If the deceased was employed, give the name and address of the employer	-
17.	Income of the deceased	-

DR NO - 251/24.
dt - 10.05.24.
DR

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

INJURY CASE

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

ix.	Speciality (if Private)	<p>Multispecialty hospital</p> <p>Allergy</p> <p>Anesthesia</p> <p>Bariatric Medicine/Surgery</p> <p>Burn/Trauma</p> <p>Cardiac Catheterization</p> <p>Cardiology</p> <p>Cardiovascular Surgery</p> <p>Dermatology</p> <p>Electrophysiology</p> <p>Emergency Medicine</p> <p>Endocrinology</p> <p>Family practice</p> <p>Gastroenterology</p> <p>General Surgery</p> <p>Geriatrics</p> <p>Gynecology/ oncology</p> <p>Hematology/ oncology</p> <p>Hepatobiliary</p> <p>Hospitalist</p> <p>Infectious Disease</p> <p>Internal medicine</p> <p>Interventional radiology</p> <p>Medical genetics</p> <p>Neonatology</p> <p>Neuroradiology</p> <p>Neurology</p> <p>Neurosurgery</p> <p>Nuclear medicine</p> <p>Obstetrics & Gynecology</p> <p>Occupational Medicine</p> <p>Ophthalmology</p> <p>Oral Surgery</p> <p>Orthopedics</p> <p>Otolaryngology / Head & Nech Surgery</p> <p>Pain Management</p> <p>Palliative Care</p> <p>Pathology: Surgical & Anatomic</p> <p>Pediatric Intensivist</p> <p>Physical Medicine</p>
-----	-------------------------	---

Plastic & Reconstructive Surgery

Pediatric Surgery

Psychiatry

Pulmonary Medicine

Radiation Oncology

Radiology

Rheumatology

Surgical Oncology

Thoracic Surgery

Transplant Surgery

Urology

Vascular Surgery

Wound CareENT

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

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

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

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

		Intensive care unit Died in Emergency Disposition Brought Dead
52.	History as stated by the Injured	
53.	Details of Injuries	
54.	Discharge Summary	
i.	Name of the doctor	Dr. Lal Selvaraj Roy
ii.	Doctor Regn No.	SMC- 1339
iii.	Condition at admission	
iv.	Results of clinical investigation if any	
v.	Injuries diagnosed other than those noted in the Wound Certificate, if any	
vi.	Details of treatment given, including those of surgical and other procedures if any	
vii.	Condition at discharge	
viii.	Advice given at the time of discharge regarding further treatment if necessary	
ix.	Remarks if any	
55.	Drunkenness Certificate	
i.	Whether under arrest or not	No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered Soiled Torn
viii.	General Disposition	Calm Talkative Abusive Aggressive
ix.	Self Control	Normal Impaired
x.	Memory	Normal Impaired
xi.	Orientation of time & space	Normal Impaired
xii.	Reaction time	Normal Delayed
xiii.	Gait	Normal

		Unsteady Unable to stand upright
xiv.	Finger nose test	Positive Negative
xv.	Romberg's sign	Positive Negative
xvi.	Special examination (Blood & urine)	Preserved Not Preserved
xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings / Injuries on the body	
56.	Postmortem Certificate	
i.	Alleged cause of death as per inquest	
ii.	Assisted by	
iii.	Medical Officer	
iv.	Remarks if any	

Documents to be submitted

In Death Cases:

1. Death certificate
2. Proof of age of the deceased which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the deceased which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for last three years (d) Balance Sheet, etc.
4. Proof of the legal representatives of the deceased such as ration card, passport, etc.
5. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children.
6. Treatment record, medical bills and other expenditure prior to death
7. Bank Account no. of the legal representatives of the deceased near the place of their residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
9. Any other document

In Injury Cases:

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


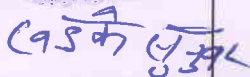
6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children
7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement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

document Otherments 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	
1.	Azjuar Suarwan		
2.	Khoraka Bdr Suarwan		
3.			
4.			
5.			
6.			

