

FIRST INFORMATION REPORT

(Under Section 173 B.N.S.S)

प्रथम सूचना रिपोर्ट
(धारा 173 बी एन एस एस के तहत)

1. District/Unit (जिला/इकाई): फतेहगढ़

P.S. (थाना): फतेहगढ़ कोतवाली

Year (वर्ष): 2026

FIR No.(प्र.सू.रि. सं.): 0025

Date & Time of FIR(प्र.सू.रि. की दिनांक/समय): 22/01/2026 15:23

2. S.No. Acts (अधिनियम)
(क्र.सं.)

Sections (धारा(एँ))

1 भारतीय न्याय संहिता (बी एन एस), 2023 281

2 भारतीय न्याय संहिता (बी एन एस), 2023 125(b)

3 भारतीय न्याय संहिता (बी एन एस), 2023 324(2)

3.(a) Occurrence of offence (अपराध की घटना) :

1. Day सोमवार
(दिन):

Date From 12/01/2026
(दिनांक से):

Date To 12/01/2026
(दिनांक तक):

Time Period पहर 7
(समय अवधि):

Time From 21:20 बजे
(समय से):

Time To 21:20
(समय तक): बजे

N.C.R.B (एन.सी.बी.)
I.I.F.-I (एकीकृत जाँच केंद्र)

Complainant / Informant
(a) Name (नाम):
(b) Father's Name (पिता का नाम):
(c) Date/Year of Birth (जन्म तिथि/वर्ष):

(b) Information received at P.S. (थाना जहां सूचना प्राप्त हुई):

Date 22/01/2026 Time (समय): 15:23 बजे
(दिनांक):

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. 044 Date & Time 22/01/2026 15:23 बजे
(प्रविष्टि सं.): (दिनांक और समय):

4. Type of Information (सूचना का प्रकार): लिखित
5. Place of Occurrence (घटनास्थल):

Direction and distance from P.S. पश्चिम, 3 Beat No.
1. (a) (थाना से दूरी और दिशा): किमी (बीट सं.):
(b) Address भीमसेन मार्केट फतेहगढ़, थाना कोतवाली फतेहगढ़
(पता):

(c) In case, outside the limit of this Police Station, then
(यदि थाना सीमा के बाहर है तो):

Name of P.S. District(State)
(थाना का नाम): (ज़िला (राज्य)):

6. Complainant / Informant (शिकायतकर्ता/सूचनाकर्ता):

(a) Name (नाम): विद्यानन्द

(b) Father's Name (पिता का नाम): रामप्रकाश

(c) Date/Year of Birth (जन्म तिथि / वर्ष): 1986

(d) Nationality (राष्ट्रीयता): भारत

(e) UID No. (यूआईडी सं.):

(f) Passport No. (पासपोर्ट सं.):

Date of Issue (जारी करने की तिथि):

Place of Issue (जारी करने का स्थान):

(g) Id details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN)

S.No. (क्र.सं.) Id Type (पहचान पत्र का प्रकार) Id Number (पहचान संख्या)

1

(h) Address (पता):

S.No. (क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	वर्तमान पता	ख्वाजा अहमदपुर कटिया, शमशाबाद, फतेहगढ़, उत्तर प्रदेश, भारत
2	स्थायी पता	ख्वाजा अहमदपुर कटिया, शमशाबाद, फतेहगढ़, उत्तर प्रदेश, भारत

(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-9918276473

7. Details of known/suspected/unknown accused with full particulars

(ज्ञात / संदिग्ध / अज्ञात अभियुक्त का पूरे विवरण सहित वर्णन):

Accused More Than (अज्ञात आरोपी एक से अधिक हों तो संख्या):

N.C.R.B (एन.सी.आर.बी.)
I.I.F.-I (एकीकृत जांच)

13. Action taken:

(की गयी कार्यवाही)
तरीका मट सं. 2
Registered

S.No. Name (नाम) (क्र.सं.)	Alias (उपनाम)	Relative's Name Present Address (रिश्तेदार का नाम) (वर्तमान पता)
1 क्रेटा कार सं0 UP76AH 8618		1. अज्ञात, फतेहगढ़, उत्तर प्रदेश, भारत

8. Reasons for delay in reporting by the complainant/informant
(शिकायतकर्ता / सूचनाकर्ता द्वारा रिपोर्ट देरी से दर्ज कराने के कारण):

9. Particulars of properties of interest (संबन्धित सम्पत्ति का विवरण):

S.No. Property (क्र.सं.) Category (संपत्ति श्रेणी)	Property Type (सम्पत्ति का प्रकार)	Description (विवरण)	Value (In Rs/-) (मूल्य (रु में))
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10. Total value of property (In Rs/-)-सम्पत्ति का कुल मूल्य(रु)

11. Inquest Report / U.D. case No., if any (मृत्यु समीक्षा रिपोर्ट / यू.डी. प्रकरण सं., यदि कोई हो):

S.No. UIDB Number

12. First Information contents (प्रथम सूचना तथ्य):

सेवा में श्रीमान थाना प्रभारी महोदय थाना कोत0 फतेहगढ़ (फर्रू0) महोदय सविनय निवेदन है कि प्रार्थी विद्यानन्द पुत्र रामप्रकाश निवासी ख्वाजा अहमदपुर कटिया थाना शमशाबाद जनपद फर्रूखाबाद का निवासी है प्रार्थी का छोटा भाई राजकुमार उम्र करीब 25 वर्ष जो कि जोमोटो में डिलीवरी का कार्य करता है। दिनांक 12/01/26 को समय करीब 9.20 pm बजे प्रार्थी का भाई मोटर साईकिल UP76AV2246 से नेकपुर से शीशमबाग पार्सल लेकर जा रहा था जैसे ही भीमसेन मार्केट को क्रॉस किया तो सामने से आ रही क्रेटा कार सं0 UP76AH 8618 का चालक ने तेज रफ्तार व लापरवाही से चलते हुए गलत साइड में आकर टक्कर मार दी जिससे प्रार्थी का भाई राजकुमार गम्भीर रूप से घायल हो गया व उसका दाहिना पैर, बाया हाथ व दाहिने पैर का अगूँठा टूट गया जिसको एम्बोलेस से डा राममनोहर लोहिया अस्पताल भेजा गया जहां जहां पर हालत में सुधार न होने के कारण माधव मेक्स हास्पिटल में भर्ती कराया जहां पर इलाज चल रहा और प्रार्थी के भाई की मोटरसाईकिल में भी काफी नुकसान हुआ। अतः श्रीमान जी से निवेदन है कि प्रार्थी के प्रार्थना पत्र पर उचित कार्यवाही करने की कृपा करें। मो0 9918276473 दिनांक 22/01/26 हस्ताक्षर विद्यानन्द प्रार्थी विद्यानन्द पुत्र रामप्रकाश नि0 ख्वाजा अहमदपुर कटिया थाना शमशाबाद (फर्रूखाबाद)

N.C.R.B (एन.सी.आर.बी)
I.I.F.-1 (एकीकृत जांच फार्म -1)

13. Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2.

(की गयी कार्यवाही : चूंकि उपरोक्त जानकारी से पता चलता है कि अपराध करने का तरीका मद सं. 2 में उल्लेख धारा के तहत है।)

(1) Registered the case and took up the investigation: (प्रकरण दर्ज किया गया और जांच के लिए लिया गया): or (या)

(2) Directed (Name of I.O.) Shiv Kumar Rank SI (Sub-Inspector) (पद):
(जांच अधिकारी का नाम):

No. 192262688 to take up the Investigation (सं.):
(को जांच अपने पास में लेने के लिए निर्देश दिया गया) or (या)

(3) Refused investigation due to (जांच के लिए):

or (के कारण इंकार किया या)

(4) Transferred to P.S. District (थाना): (ज़िला):
on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant, admitted to be correctly recorded and a copy given to the complainant / informant free of cost. (शिकायतकर्ता / सूचनाकर्ता को प्राथमिकी पढ़ कर सुनाई गयी, सही दर्ज हुई माना और एक कॉपी निशुल्क शिकायतकर्ता को दी गयी।)

R.O.A.C.(आर. ओ .ए .सी.)

(428)

DR RAM MANOHAR LOHIA DISTT MALE HOSPITAL
AWAS VIKAS FARRUKHABAD Farrukhabad Uttar Pradesh



NIC Rd at 10:45 PM

ADMISSION TICKET

Department: Casualty	Unit: EMO ON DUTY
Ward / Bed No: EMERGENCY WARD / on Floor	Admitting Doctor: DRR_JS_7101
IPD ID: 260000451	Admission Date: 12/01/2026 10:03 PM
ABHA ID	Admission Fee: ₹ 0
Patient Name: Mr. RAJ KUMAR	UHID: 20260004038
Age / Sex: 28 Yr / Male	Mobile: 8429161854
Guardian Name: RAM PRAKASH	Patient and Guardian Relation: Father
Address: KATIYA P/S SHAMSHABAD, FARRUKHABAD, UTTAR PRADESH	MLC Patient: No
Billing Type: General	Reason for admission: Emergency
Scheme: No Scheme	Attendant Relation with Patient: Brother
Diagnosis:	
Admission Type: GENERAL	
Attendant Name: SHIVAM	

LAMAR
05:13 AM
13/01/26
↓

Prepared By: RUDRA PRATAP



RTA.

Injury on Rt leg = Lt wrist/ha

BP-135/95
SpO2-96%
PR-86/min

Ref. ortho ward
L

I.v.f. NS
- RL
I. aft - Igm
I. Pan - 40
I. T.T
I. Diclo.

Dr. Sticher
D. J.

Attested
Pharmacist
Dr. R.M.L. Hospital
Farrukhabad

DR RAM MANOHAR LOHIA DISTT MALE HOSPITAL
AWAS VIKAS FARRUKHABAD



Dr. Jai Singh

पंजीकरण संख्या (Registration No) : 20260004038
टोकन संख्या (Token No) : 6
कमरा संख्या (Room No) : MAIN BUILDING, EMERGENCY, Ground, 13

OUT PATIENT RECORD (Casualty)

नाम (Name) : Mr. Raj Kumar
उम्र/ लिंग (Age/Sex) : 28Y / M
विभाग (Department) : Casualty
विभाग पंजीकरण संख्या (Dept. Reg. No) : 20260000729
Unit : EMO ON DUTY

पंजीकरण राशि (Registration Amount) : Rs. 0

मोबाइल नंबर (Mobile No) : 8429161854

पता (Address) : KATIYA P/S SHAMSHABAD, FARRUKHABAD (UTTAR PRADESH)

पंजीकरण की तिथि (Date of Registration) : 12/01/2026 10.00 PM

पिन कोड (Pincode) :

Father's Name :

MLC Patient : NO

रोगी का प्रकार (Patient Type) : General
अभिभावक का नाम (Guardian Name) : RAM PRAKASH (Father)

Brought By : RUDRA PRATAP EMT1668

पेशा (Occupation) :

Purpose :

Admit

Attested
Signature
Pharmacist
Dr. R.M.L. Hospital
Farrukhabad

ओ पी डी का पर्चा 15 दिनों के लिये मन्या है ओ पी डी का पर्चा ABDM काउन्टर से TOKEN द्वारा ही बनवये

Nearest Jan Aushadhi Kendras : 1. DR. RAM MANOHAR LOHIA DISTRICT HOSPITAL
2. Gata No 354, Bagh Lakoola Maseni Chauraha In Front of Kulwanti Hospital, Farrukhabad, Farrukhabad

Prepared By: Mr. Rudra
Pratap

Date Time: 12/01/2026 10.00 PM

माधव मैक्स मल्टीस्पेशलिटी ऑर्थो एण्ड चाइल्ड सेन्टर

Pt. Name वि. कुमार

Age/Sex 23/10/1990

Pulse..... BP.....

Date 13-01-20

Neurology Review Program ka 13/01/20

हड्डी रोग विशेषज्ञ

हड्डी के सभी ऑपरेशन

C-Arm द्वारा।

500 ma की बड़ी मशीन द्वारा

एक्स-रे की सुविधा।

रीढ़ की हड्डी के ऑपरेशन

की सुविधा।

नवजात शिशु एवं

बाल रोग विशेषज्ञ

नवजात शिशु के लिए गहन

चिकित्सा कक्ष (N.I.C.U.)

की सुविधा

नवजात शिशु के लिए C-PAP

एवं वेंटिलेटर की सुविधा।

बच्चों के सभी टीकाकरण

की सुविधा।

पेंडिसिन विभाग

ICU की सुविधा।

ए.सी, जनरल, प्राइवेट,

डीलक्स रूम की सुविधा।

24 घंटे इमरजेंसी की सुविधा।

एम्बुलेंस की सुविधा।

वि. कुमार
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माधव मैत्रेय मल्टीस्पेशलिटी आर्वा
चिल्ड सेंटर

Pt.Name-Raj kumar Age/Sex-25YEAR /..MALE

Address-khuaja ,ahamadpur katiya ,farrukhabad

Date OF ADMISSION..13.01.2026..... DATE OF DISCHARGE..16.01..2026

Reg-No- RMEE2340701

INVOICE - 00035

Particular	Amount
01. PRIVATE WARD CHARGE ^{3000*} =	12000.00
02. SURGEON FEES =	7000.00
03.MEDICINE CHARGE =	8000.00
04.INVESTIGATION =	5000.00
05.O2CHARGE 20*27 =	5400.00
06.OT CHARGE =	8000.00
07. ANESTHESIA =	6000.00
08.IMPLANT CHARGE =	9000.00
Total Amaount =	60400.00

IN word = SIXTY FOUR THOUSAND FOUR HUNDRED RUPEES ONLY.

माधव मैत्रेय मल्टीस्पेशलिटी आर्वा
चिल्ड सेंटर
आवास विकास, फर्रुखाबाद

GST INVOICE
MADHAV MAX MULTISPELITY &
TRAUMA CENTER
PURAM(LOHIYA KE PECHAY)AVAS
FARRUKHABAD
Phone : 7237980101

Customer: **RAJ KUMAR** Bill No: **A022180**
 Mobile : Date: **25-01-2026**
 User : **001** Time: **15:12**

S. Description	Qty	Rate	Amt	
1. 1000 DROPS 50MG	0.00		750.00	
			SUB TOTAL:	750.00
			SGST Amt:	0.00
			CGST Amt:	0.00
			Round off:	0.00
			G.TOTAL :	750.00

Rs. Seven Hundred and Fifty only

Terms & Conditions :-

- 1. Goods once sold not to be taken back & no cash Refund
- 2. Goods may be exchanged with in week only on the presentation of Cash Memo (timing - 13pm to 4pm)
- 3. No Guarantee for Colours & Pillings.

F & O E For "MADHAV MAX MULTISPELITY & TRAUMA CENTER"

!!! Thanks !!! Visit Again !!!

GST INVOICE
ANNAPURNA MEDICOSE
3C/80, LOHIYAPURAM AVAS VIKAS
FARRUKHABAD
Phone : 7237980101

D9ARYPD4715E2ZK

Customer: **RAJ KUMAR** Bill No: **A018438**
 Mobile : Date: **25-01-2026**
 User : Time: **15:14**

S. Description	Qty	Rate	GST%	Amt
1. FRIGOL SP	2.0	108.00	6.00	216.00
2. PANTAVIB L	1.0	250.00	6.00	109.26
3. ACIBENZ SYRUP	1	159.90	6.00	159.21
4. LOGOVIT DH	1	350.00	6.00	109.70
5. IT GLOW CAP	1.0	132.68	6.00	132.29
6. CESTROL K7 SOFTGEL CAP	1.0	196.00	6.00	194.27
7. CURMINICE	2.0	300.00	6.00	107.72
8. CARVICAL D3 ORAL SOLUTION	0.2	315.00	6.00	157.41
9. LIZOBERT-600 TAB	2.0	301.30	6.00	259.92
10. CEEPOD CV	20	495.00	6.00	886.21
			SUB TOTAL:	3750.00

Net Qty: 114

Round off: -0.24

G.TOTAL : 3750.00

Rs. Three Thousand Seven Hundred and Fifty only

Terms & Conditions :-

- 1. Goods once sold not to be taken back & no cash Refund
- 2. Goods may be exchanged with in week only on the presentation of Cash Memo (timing - 13pm to 4pm)
- 3. No Guarantee for Colours & Pillings.

F & O E For "ANNAPURNA MEDICOSE"

!!! Thanks !!! Visit Again !!!

GST INVOICE
ANNAPURNA MEDICOSE
3C/80, LOHIYAPURAM, AVAS VIKAS
FARRUKHABAD
Phone : 7237980101

D9ARYPD4715E2ZK

Customer: **RAJ KUMAR** Bill No: **A018835**
 Mobile : Date: **04-02-2026**
 User : Time: **12:55**

S. Description	Qty	Rate	GST%	Amt
1. CURMINICE	4.0	300.00	6.00	1197.06
2. CESTROL K7 SOFTGEL CAP	2.0	196.00	6.00	369.94
3. IT GLOW CAP	2.0	132.68	6.00	264.51
4. PANTAVIB L	2.0	250.00	6.00	498.77
5. FRIGOL SP	4.0	101.12	6.00	403.49
6. LEVOTEC 500MG	20	8.16	6.00	162.90
7. CARVICAL D3 ORAL SOLUTION	0.3	315.00	6.00	235.42
8. ACIBENZ SYRUP	1	149.00	6.00	148.53
9. LOGOVIT DH	1	350.00	6.00	349.13
			SUB TOTAL:	3658.00

Net Qty: 165

Round off: 0.16

G.TOTAL : 3658.00

Rs. Three Thousand Six Hundred and Fifty only

Terms & Conditions :-

- 1. Goods once sold not to be taken back & no cash Refund
- 2. Goods may be exchanged with in week only on the presentation of Cash Memo (timing - 13pm to 4pm)
- 3. No Guarantee for Colours & Pillings.

F & O E For "ANNAPURNA MEDICOSE"

!!! Thanks !!! Visit Again !!!

GST INVOICE
MADHAV MAX MULTISPELITY &
TRAUMA CENTER
3C/80, LOHIYAPURAM(LOHIYA KE PECHAY)AVAS
FARRUKHABAD
Phone : 7237980101

Customer: **RAJ KUMAR** Bill No: **A022157**
 Mobile : Date: **25-01-2026**
 User : **001** Time: **14:49**

S. Description	Qty	Rate	Amt	
1. X-RAY	1	0.00	600.00	
			SUB TOTAL:	600.00
			SGST Amt:	0.00
			CGST Amt:	0.00
			Round off:	0.00
			G.TOTAL :	600.00

Net Qty: 1

Rs. Five Hundred only

Terms & Conditions :-

- 1. Goods once sold not to be taken back & no cash Refund
- 2. Goods may be exchanged with in week only on the presentation of Cash Memo (timing - 13pm to 4pm)
- 3. No Guarantee for Colours & Pillings.

F & O E For "MADHAV MAX MULTISPELITY & TRAUMA CENTER"

!!! Thanks !!! Visit Again !!!

INVOICE
 ANHAPURNA MEDICOSE
 ANHAPURAM, AVAS VIKAS
 FARRUKHABAD
 Phone : 7237980101

Customer: RAJ KUMAR
 Bill No. A018032
 Date : 18-01-2026
 Time : 18:18

Description	Qty	Rate	GST%	Amt
JEFFERSON 15 GM INJ	6	742.83	5.00	4405.81
VIBRON 500 MG	6	103.15	5.00	617.82
REOL SP	0.8	108.03	5.00	86.22
VEYAX LSP CAP	0.4	179.03	5.00	71.95
T GLOW CAP	0.4	132.50	5.00	52.92
STRICK H7 SOFTGEL CAP	0.4	195.00	5.00	77.84
TRIDOL P TABLETS	0.4	180.00	12.00	42.59
ACIBENZ SYRUP	1	159.00	5.00	159.57
CURBINICE	0.8	300.00	5.00	239.51
OCOVIT DH	1	350.00	5.00	149.20
CERVICAL D3 ORAL SOLUTION	0.1	316.00	5.00	78.34
SYRINGES ROMO JET 10ML	6	13.00	12.00	77.35

SUB TOTAL: 6300.00

Round off: 0.50

G TOTAL : 6300.00

Six Thousand Three hundred only

Terms & Conditions :-

1 Goods once sold not be taken back & no cash Refund

2 Goods may be exchanged with in week only on the

presentation of Cash Memo (timing : 13pm to 4pm)

3 No Guarantee for Colours & Pillings

S & O E For "ANHAPURNA MEDICOSE"

!!! Thanks !!! Visit Again !!!

GST INVOICE
 MADHAV MAX MULTISPELITY &
 TRAUMA CENTER
 3C/80, LOHIYAPURAM (LOHIYA KE PECHAY) AVAS
 FARRUKHABAD
 Phone : 7237980101

Customer: RAJ KUMAR
 Bill No. A021248
 Date : 12-01-2026
 Time : 06:29

Description	Qty	Rate	Amt
CPD CHARGE	1	0.00	500.00
EMAY	5	0.00	2500.00
			SUB TOTAL: 3000.00
			SGST Amt: 0.00
			CGST Amt: 0.00
			Round off: 0.00
			G TOTAL : 3000.00

Rs Three Thousand only

Terms & Conditions :-

1 Goods once sold not be taken back & no cash Refund

2 Goods may be exchanged with in week only on the

presentation of Cash Memo (timing : 13pm to 4pm)

3 No Guarantee for Colours & Pillings

S & O E For "MADHAV MAX MULTISPELITY & TRAUMA CENTER"

!!! Thanks !!! Visit Again !!!

GST INVOICE
 MADHAV MAX MULTISPELITY &
 TRAUMA CENTER
 3C/80, LOHIYAPURAM (LOHIYA KE PECHAY) AVAS
 FARRUKHABAD
 Phone : 7237980101

Customer: RAJ KUMAR
 Bill No. A022748
 Date : 04-02-2026
 Time : 12:19

Description	Qty	Rate	Amt
X-RAY	2	0.00	1000.00
Net Qty: 2	SUB TOTAL: 1000.00		
			SGST Amt: 0.00
			CGST Amt: 0.00
			Round off: 0.00
			G TOTAL : 1000.00

Rs One Thousand only

Terms & Conditions :-

1 Goods once sold not be taken back & no cash Refund

2 Goods may be exchanged with in week only on the

presentation of Cash Memo (timing : 13pm to 4pm)

3 No Guarantee for Colours & Pillings

S & O E For "MADHAV MAX MULTISPELITY & TRAUMA CENTER"

!!! Thanks !!! Visit Again !!!

GST INVOICE
MADHAV MAX MULTISPELITY & TRAUMA CENTER
 3C/80, LOHIYAPURAM, LOHIYA KE PECHAYAVAS
FARRUKHABAD
 Phone : 7237980101

Customer: RAJ KUMAR	Bill No. A021855			
Mobile :	Date : 19-01-2020			
User : 001	Time : 13:03			
S. Description	Qty	Rate	Rate	Amt
1 Add DRESSING		0.00		750.00
Item Qty: 0				
				SUB TOTAL: 750.00
				SGST Amt: 0.00
				CGST Amt: 0.00
				Round off: 0.00
				G.TOTAL : 750.00

Rs Seven Hundred and Fifty only

Terms & Conditions :-

- 1 Goods once sold not be taken back & no cash Refund
- 2 Goods may be exchanged with in week only on the presentation of Cash Memo (timing : 13pm to 4pm).
- 3 no Gurantee for Colours & Pillings.

E & O E For "MADHAV MAX MULTISPELITY & TRAUMA CENTER"

!!! Thanks !!! Visit Again !!!

GST INVOICE
ANNAPURNA MEDICOSE
 3C/80, LOHIYAPURAM AVAS VIKAS
FARRUKHABAD
 Phone : 7237980101

Customer: RAJ KUMAR	Bill No. A018837			
Mobile :	Date : 04-07-2019			
User : 001	Time : 12:58			
S. Description	Qty	Rate	GST%	Amt
1 TOP CREP		450.00	0.00	450.00
Item Qty: 1				
				SUB TOTAL: 450.00

Round off: 0.00
G.TOTAL: 450.00

Rs Four Hundred and Fifty only

Terms & Conditions :-

- 1 Goods once sold not be taken back & no cash Refund
- 2 Goods may be exchanged with in week only on the presentation of Cash Memo (timing : 13pm to 4pm).
- 3 no Gurantee for Colours & Pillings.

E & O E For "ANNAPURNA MEDICOSE"

!!! Thanks !!! Visit Again !!!

GST INVOICE
ANNAPURNA MEDICOSE
 3C/80, LOHIYAPURAM, AVAS VIKAS
FARRUKHABAD
 Phone : 7237980101

09ARYPD4715E2ZK

Customer: RAJ KUMAR	Bill No. A018135			
Mobile :	Date : 19-01-2020			
User : 001	Time : 13:37			
S. Description	Qty	Rate	GST%	Amt
1 CEPFONZ 1.5 GM INJ	12	742.50	5.00	8904.50
2 AMITAX 500	12	115.75	5.00	1387.50
3 SYRINGES ROMO JET 10ML	12	13.00	12.00	151.20
4 T GLOW CAP	0.6	132.50	5.00	79.50
5 CONTROL KY SOFTGEL CAP	0.6	196.00	6.00	116.33
6 PRIDOL P TABLETS	0.6	160.00	5.00	63.30
7 RIBVAX LSR:CAP	0.6	179.00	6.00	107.33
8 CERVICAL D3 ORAL SOLUTION	0.1	316.00	6.00	78.96
9 CURMINICE	1.2	300.00	6.00	369.78
10 FRIDOL SP	1.2	109.00	6.00	129.53
Item Qty: 64				
				SUB TOTAL: 11350.00

Round off: 0.36
G.TOTAL: 11350.00

Rs Eleven Thousand Three Hundred and Fifty only

Terms & Conditions :-

- 1 Goods once sold not be taken back & no cash Refund
- 2 Goods may be exchanged with in week only on the presentation of Cash Memo (timing : 13pm to 4pm).
- 3 no Gurantee for Colours & Pillings.

E & O E For "ANNAPURNA MEDICOSE"

!!! Thanks !!! Visit Again !!!

GST INVOICE
MADHAV MAX MULTISPELITY & TRAUMA CENTER
 3C/80, LOHIYAPURAM, LOHIYA KE PECHAYAVAS
FARRUKHABAD
 Phone : 7237980101

Customer: RAJ KUMAR	Bill No. A022758		
Mobile :	Date : 04-07-2019		
User : 001	Time : 12:50		
S. Description	Qty	Rate	Amt

1 Add PLASTER		0.00	1750.00
Item Qty: 0			
		SJB TOTAL: 1750.00	
		SGST Amt: 0.00	
		CGST Amt: 0.00	
		Round off: 0.00	
		G.TOTAL: 1750.00	

Rs One Thousand Seven Hundred and Fifty only

Terms & Conditions :-

- 1 Goods once sold not be taken back & no cash Refund
- 2 Goods may be exchanged with in week only on the presentation of Cash Memo (timing : 13pm to 4pm).
- 3 no Gurantee for Colours & Pillings.

E & O E For "MADHAV MAX MULTISPELITY & TRAUMA CENTER"

!!! Thanks !!! Visit Again !!!

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें.

1 Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Raj Kumar 7518357751
2 Vehicle No. / वाहन संख्या	UP76AV2246
3 Policy No. / पालिसी संख्या	252400/312026/8905
4 Period of Insurance / बीमा अवधि	01/05/25 - 30/04/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	12/01/26 - 9:20 PM
6 Place of Accident / दुर्घटना का स्थान	मोटेडाट रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Raj Kumar UP7620250002404
8 Estimated Loss / अनुमानित हानि	38295/-
09. Cause of Accident / दुर्घटना का कारण:	नेच पुल है शीशमलगों वाली लेकट जा रहा था जॉल ही श्रीगलेस माइक्रो ऑफ़ फ़ाल मिथा ली शाने है आ रही होता था है लेक स्ट्राल व लापरवाही है चलते हुए जालन कार्ड है अचानक टक्कर मार दी और गाड़ी क्षतिग्रस्त हो गई
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	Yes
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers 74012 Borhpur Farukhuda 8874481234

Date / दिनांक : 10/1/26
हस्ताक्षर

Signature of Insured / बीमाधारक के
राजकुमार



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No 7037, A-25/25, Asaf Ali Road, New Delhi 110 002

MOTOR CLAIM FORM

Dis. Br. Office Address _____

Certificate/Policy No. RS2400/31/2026/8903

Tel. No. _____

Period of Insurance 01/05/25 - 30/4/26

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name Raj Kumar
 (b) Address for correspondence Khujasa Ahmadpur Katiga Farrukhabad
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11E7SHC7086</u>	Registration No.
	Chassis No. <u>MBLHAW21SHC05803</u>	<u>UP76AV</u> <u>2246</u>

- (a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? Personal use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NO
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

B. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight
 (b) Unladen Weight
 (c) Weight of goods carried/Load Challan No.
 (d) Nature of period
 (e) Nature of goods carried
 (f) Was the vehicle plying for hire
 (g) If Lorry/Jeep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

[Handwritten signature/initials]

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: RAJ KUMAR
 (b) Age: 25
 (c) Address: Khwaja Ahmad Ali Katiya Farrukhabad
 (d) Is the Driver
 1. Owner
 2. paid driver
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment: N/A
 (f) Was he under the influence of intoxication (Liquor or drugs?): N/A
 (g) Driving Licence Number: UP76 2025 000 2404
 (h) Issuing Authority: Farrukhabad
 (i) Date of Expiry: 31/12/2040
 (j) Was the licence temporary permanent: Permanent
 (k) Details of endorsement/suspension, if any: N/A
 (l) Has he been involved in any accident before?: N/A
 (m) Has he been charged by the policy? If so, Why?: N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time: 12/01/26 - 9:20 PM
 (b) Place: मोरहाट रोड
 (c) Speed of vehicle at the time of accident: 40
 (d) Give a short description of the accident: नेकडुल के श्रीशमशान पासल लेकल का रवा था जेन ए
 (e) If any third party was responsible for this accident give the name and address: श्रीमदन *मोहाट को पंगल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 38295/-
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealer Farrukhabad

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name:
 (b) Address:
 (c) Full Details of personal injury sustained:
 (d) Name and address of any person hospital giving medical attention to injured person:
 (e) Full details of property damaged:
 (f) Has notice of any claim been given to you?: N/A

8 INJURY TO DRIVER/CO-DRIVER/PASSENGER

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

MA

9 WITNESS

- (a) Give names and addresses of passengers/other Witness, if any

- (b) Did a Police Constable take particulars of The accident?

- (c) Was accident reported to Police? If not, Why?

- (d) If yes, to which Police Station?

- (e) Date and Diary No.

N/A

10. THEFT

- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Police Station?
- (i) C.R. diary Number

N/A

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of past or future accident shall be forfeited.

Date 10/2/26 200

Signature of the insured

Victoria J 12

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)

in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. 76AV 2246 insured under Policy No. 852400/31 of 2026/89 09
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000

Witness
Name
Signature
Address

Signature रामकुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank