

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 9307236635

No. **3226** Date 11/03/20Name Rohit KumarAdd. UP57BY0001

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Gas			90/-	
	HIL			535/-	
	HIL stand			200/-	
	horn			200/-	
	meter			1400/-	
	indicator - R+L			440/-	
	Handle			500/-	
	Handle et			850/-	
	Both side Complete fork			4600/-	
	Front Hub			810/-	
	chassis			8100/-	
	indicator switch			200/-	
	Self switch			310/-	
	Leg Guard			650/-	
	Tank			5500/-	
	Break Pedal - (L)			110/-	
	Lever - (L)			105/-	
	Side Panel - (R)			700/-	
	Engine Head			2630/-	
	Complete Tool Box			450/-	
	Lack Set			895/-	
	No plate stand			110/-	
	Fuel Pump			2600/-	
	Oil Gage			450/-	
	mirror - (R+L)			200/-	
	meter plate			210/-	
			TOTAL		

Author's Signature

Seat
labour charge.2000
37536/-

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.	Rohit kumar, 7607413426
2	Vehicle No. / वाहन संख्या	UP57BY0801
3	Policy No. / पालिसी संख्या	252400/31/2026/30206
4	Period of Insurance / बीमा अवधि	29/07/2025 to 28/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/02/2026, 09.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Nehru Nahangia Marg.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BR2220260005791 7607413426, Rohit kumar
8	Estimated Loss / अनुमानित हानि	37636/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाइक लेकर रात के वक्त ओफिस का कार्य करके वापस रुम पर जा रहा था कि ट्रक नम्बर UP51BT9985 लापरवाही पूर्वक चलाते हुये आ कर मेरी बाइक में टक्कर मार दिया जिससे बाइक क्षतिग्रस्त हो गई और मुझे भी गम्भीर चोट लगी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	FIR No - 0052
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Gupta automobile Padgauna

Date / दिनांक : 11/03/2026.
हस्ताक्षर

रोहित कुमार
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rohit kumar
(b) Age :
(c) Address : kushinagar.
(d) Is the Driver
1. Owner : owner
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : BR2220260005791
(h) Issuing Authority :
(i) Date of Expiry : 25/01/2040
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 19/02/2026, 09.00 P.m.
(b) Place : Nehru Newangia Marg.
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : एक वाले ने कामने से छकर मार दिया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side.
(b) Estimated cost of repairs : 37636/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Palsana.

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/OCCUPANT

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

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? : PIA
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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? : PIA
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

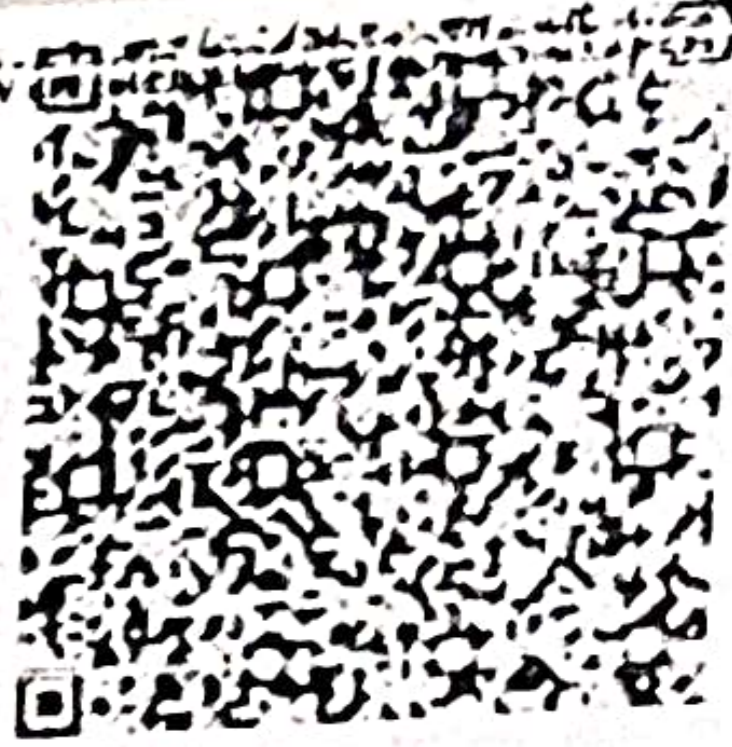
I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression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

Date 11/03/2006 200

रोहित कुमार
Signature of the insured _____



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BY8801 Registration Date : 31-Jul-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC :NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : ROHIT KUMAR Son/wife/daughter of : BANARASI PRASAD GUPTA
Full Address: (Permanent) : H NO-09 RIJPAHI BADA, POST-BINAHI, , PASHCHIM CHAMPARAN. BIHAR-845404
Full Address: (Temporary) : DUDAHI SEMARA HARDO, DUDAHI SEMARA HARDO, , KUSHINAGAR-UTTAR
PRADESH-274304
Fitness UpTo : 30-Jul-2040 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2132848638 Rear HSRP No : AA1043833606
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
No of Cylinders : 1 Chassis No : MBLHAW482SHGJ3554
Engine No : HA11F7SHGK3333 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 29-Jul-2025.

Purchase dt : 29-Jul-2025 Sale Amt : 78776/-
OTT Date : 29-Jul-2025 Amount/Rcpt No : 7878 / UP57D25070003232
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 14-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-Jul-2025 to 30-Jul-2040

Date : 30-Aug-2025 15:32:47
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 30-Aug-2025

A.R.T.O. (A)
Kushinagar (23)

Q 5078857



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGIR0928

Page No: 1

Signer: DS THE ORIENTAL COMPANY LIMITED Date: Mon, Dec 1, 2025 12:37 Reason: Signing Policy for CI

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KIIAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-sections for Deductibles, Add-On Coverages, and various premium components like Basic Premium, GST, SERVICE TAX, STAMP DUTY, etc.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,28.

Table with 4 columns: Nominee Details (Nominee Name, Age, Relation), Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount), Financer Type (Financer Name, Financer Branch), POS Name (POS ID, POS PAN NO/Aadhar No).

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs 1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 29-JUL-25

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 MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trails

g) Any Purpose in connection with motor trade.

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 vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1998. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1998.

* This insurance excludes all pre existing damages

For and on behalf of The Oriental Insurance Company Limited

Approved By : 922137SMD

Approved On : 29-JUL-25

Place : MRT

Printed On : 01-DEC-25

General Manager Authorized Signature

INDIAN UNION DRIVING LICENCE
ISSUED BY GOVERNMENT OF BIHAR



BR22 20260005791

Issue Date Validity (NT) Validity (TR)
09-03-2026 25-01-2040



Rohit

Holder's Signature

Date of First Issue 09-03-2026

Name : **ROHIT KUMAR**
Date Of Birth : **26-01-2000** Blood Group: **B+** Organ Donor:
Son/Daughter/Wife of : **BANARASI PRASAD GUPTA**
Address : **AT-RUPAHI WARD NO-03 PO BINAHI PS BHITAHA WEST
CHAMPARAN, BIHAR 845404**

DL No. BR22 20260005791



ADPVEH No.(Ragn.Numbers)

Hazardous validity

Hill Validity

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	LMV	BR22	09-03-2026	NT			
	MCWG	BR22	09-03-2026	NT			

Mobile Number: 7607413426

Licencing Authority
DTO, BETTIAH

Form 7 Rule 18 (2)



भारत सरकार

Government of India



रोहित कुमार
Rohit Kumar
जन्म तिथि / DOB : 26/01/2000
पुरुष / Male



3885 1299 9056

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता:

आत्मज: बनारसी प्रसाद गुप्ता, म. न.
09, रूपही(बडा), भितहा, पो. बिनही,
धनाहा, पश्चिमी चम्पारण, धनहा,
बिहार, 845404

Address:

S/O: Banarasi Prasad Gupta, h.
no. 09, rupahi(bada), bhitaha, po.
binahi, Dhanaha, West
Champaran, Dhanaha, Bihar,
845404

3885 1299 9056



1947



help@uidai.gov.in

www

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GYBPK9068R

नाम / Name
ROHIT KUMAR

पिता का नाम / Father's Name
BANARASI PRASAD GUPTA

जन्म की तारीख / Date of Birth
26/01/2000

रोहित कुमार
हस्ताक्षर / Signature



26032018

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): कुशी नगर

P.S. (थाना): नेबुआ नौरंगिया

Year (वर्ष): 2026

FIR No.(प्र.सू.रि. सं.): 0052

Date & Time of FIR(प्र.सू.रि. की दिनांक/समय): 25/02/2026 . 15:51

2. S.No. (क्र.सं.)	Acts (अधिनियम)	Sections (धारा(एँ))
1	भारतीय न्याय संहिता (बी एन एस), 2023	281
2	भारतीय न्याय संहिता (बी एन एस), 2023	125(a)
3	भारतीय न्याय संहिता (बी एन एस), 2023	125(b)
4	भारतीय न्याय संहिता (बी एन एस), 2023	324(4)

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

1. Day गुरुवार
(दिन):

Date From 19/02/2026
(दिनांक से):

Date To 19/02/2026
(दिनांक तक):

Time Period पहर 7
(समय अवधि):

Time From 21:00 बजे
(समय से):

Time To 21:00
(समय तक): बजे

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

Date 25/02/2026 Time (समय): 15:41 बजे
(दिनांक):

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. 035 Date & Time 25/02/2026 15:41 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. उत्तर, 05 Beat No.
1. (a) (थाना से दूरी और दिशा): किमी (बीट सं.):
(b) Address नौरंगिया चौराहा
(पता):

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

(यदि थाना सीमा के बाहर है तो):

Name of P.S.
(थाना का नाम):

District(State)
(ज़िला (राज्य)):

S.No. (क्र.सं.)	Name (नाम)	Alias (उपनाम)	Relative's Name (रिश्तेदार का नाम)	Present Address (वर्तमान पता)
1	ट्रक संख्या UP51 BT9985 का चालक नाम पता अज्ञात			1. अज्ञात, अज्ञात

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. (क्र.सं.)	Property 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
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12. First Information contents (प्रथम सूचना तथ्य):

नकल तहरीर.....दिनांक 25.2.2026 सेवा में, श्रीमान थानाध्यक्ष महोदय नेबुआ नौरंगिया कुशीनगर महोदय, निवेदन है कि हम प्रार्थी वनारसी प्रसाद पुत्र विन्ध्याचल प्रसाद ग्राम रूपही थाना भितहा जनपद पश्चिमी चम्पारण विहार के स्थाई निवासी है। हम प्रार्थी का लडका रोहित कुमार उम्र करीब 26 वर्ष का है जो नौरंगिया चौराहे पर एक किराये का कमरा लेकर रहता है और वही पर एक माइक्रो फाइनेंस कम्पनी में काम करता है। दिनांक 19.2.2026 को रात्रि 9 वजे के करीब मेरा लडका अपने ऑफिस से कार्य करके अपने रूम पर जा रहा था कि ट्रक नम्बर UP51 BT9985 का चालक नाम पता अज्ञात द्वारा तेज गति से लापरवाही पूर्वक चलाते हुये आकर मेरे वेटे के मोटर साइकिल नम्बर UP57 BY8801 में जोरदार टक्कर मार दिया। जिससे मोटरसाइकिल क्षतिग्रस्त हो गई। और मेरे वेटे के कमर की हड्डी भी टुट गई। तथा मेरे वेटे के पेट में भी काफी चोटे आई है। जिसका इलाज गोरखपुर के एक नीजी अस्पताल में चल रहा है। स्थिती काफी नाजुक है। उस समय हमने 112N की पुलिस को भी सूचना दिये थे। अतः आप श्रीमान जी से निवेदन है कि आवश्यक कानूनी कार्यवाही करने की कृपा प्रदान की जाय। हस्ताक्षर वनारसी प्रसाद प्रार्थी वनारसी प्रसाद पुत्र विन्ध्याचल प्रसाद ग्राम रूपही थाना भितहां जनपद पश्चिमी च0 विहार मो0नं0 9631994705 HM/CM अभियोग पंजीकृत करें। SD अपठनीय प्र0नि0 (चन्द्रभूषण प्रजापति) 25.02.26 (लेखक मुकदमाका0 संजय यादव थाना नेबुआ नौरंगिया जनपद कुशीनगर)

6. Complainant / Informant (शिकायतकर्ता/सूचनाकर्ता):

(a) Name (नाम): श्री बनारसी प्रसाद

(b) Father's Name (पिता का नाम): विन्ध्याचल प्रसाद

(c) Date/Year of Birth (जन्म तिथि / वर्ष): 2001

(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	रूपही, धनहा, बगहा, बिहार, भारत
2	स्थायी पता	रूपही, धनहा, बगहा, बिहार, भारत

(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-9631994705

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):



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

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/30206

Tel. No. _____

Period of Insurance 29/7/2025 to 28/07/2026
 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 : Rohit Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 7607413426

2. THE INSURED VEHICLE

Make & Year <u>Hesai/2025</u>	Engine No. <u>HAI1F7SHBR3333</u> Chassis No. <u>MBLHAW402SHGT3554</u>	Registration No. <u>UP57BY</u> <u>0001</u>
----------------------------------	--	--

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

II. 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 permit : _____
 (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 : _____
- PIA

These fields will be entered only if complainant/informant gives any one or more particulars about the suspect/accused.

(यह क्षेत्र तभी दर्ज किए जाएंगे यदि शिकायतकर्ता / सूचनाकर्ता संदिग्ध / अभियुक्त के बारे में कोई एक या उससे अधिक जानकारी देता है।)

14 Signature/Thumb impression of the
complainant / informant.(शिकायतकर्ता /
सूचनाकर्ता के हस्ताक्षर / अंगूठे का निशान):

15 Date and time of dispatch to the court
(अदालत में प्रेषण की दिनांक और समय):

Signature of Officer in charge,
Police Station
(थाना प्रभारी के हस्ताक्षर)

Name PS NEBUA

Rank I (Inspector)

No. 9454403813

Attachment to item 7 of First Information Report
(प्रथम सूचना रिपोर्ट के मद 7 संलग्नक):

Physical features, deformities and other details of the suspect/accused:
(If known / seen)

(संदिग्ध / अभियुक्त की शारीरिक विशेषताएँ, विकृतियाँ और अन्य विवरण :
(यदि ज्ञात / देखा गया))

S.No.(क्र.सं.)	Sex (लिंग)	Date/Year of Birth (जन्म तिथि / वर्ष)	Build (बनावट)	Height (cms.) (कद (से.मी.))	Complexion (रंग)	Identification Mark (s) (पहचान चिन्ह)
1	2	3	4	5	6	7
1	अज्ञात					
Deformities/ Peculiarities		Teeth (दाँत)	Hair (बाल)	Eyes (आँखें)	Habit(s) (आदतें)	Dress Habit(s) (पहनावा)
8	9	10	11	12	13	
Language /Dialect (भाषा/बोली)	Place Of (का स्थान)					Others (अन्य)
	Burn Mark (जले हुए का निशान)	Leucoder ma (लुकोदेर्मा (सफ़ेद धब्बे))	Mole (मस्सा)	Scar (घाव)	Tattoo (गूदे हुए का)	
14	15	16	17	18	19	20

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 मद्र 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.) MANOJ KUMAR Rank SI (Sub-Inspector)
(जांच अधिकारी का नाम): (पद):

No. 231274720 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.)

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. _____ insured under Policy No. _____ of
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 रोहित कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

PATIENT NAME:	ROHIT KUMAR		
PATIENT ID:	SH/26/154	PROCEDURE DATE:	20-02-2026
AGE/SEX:	26Y/M	REFERRING DR:	SHIVAM JAISWAL, MD

CT PELVIS AND BOTH HIP JOINTS

Pubic diastasis is seen, gap of 38mm between medial edges of both pubic bones.

Comminuted fracture is seen in right hemisacrum.

Fractures are seen in right L2 to L5 transverse processes.

Fracture seen in right inferior pubic ramus.

Displaced fracture is seen at junction of 1st and 2nd coccygeal segments with anteriorly displaced distal cocygeal segment.

Mild hemorrhagic ascites is seen in pelvis.

Diffuse subcutaneous edema is seen in right lower anterior abdominal wall.

Rest of iliac bones are normal.

Rest of sacrum and sacroiliac joints are normal.

The acetabulum is normal. The joint space of the hip joints are normal.

The trabecular pattern of the head of femora are normal.

No abnormality seen in the neck or shaft of femur.

The cortex and marrow cavity are normal.

The , prostate and seminal vesicles are normal.

Bladder is contracted with Foleys catheter in situ.

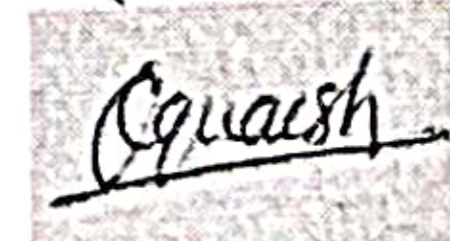
The rectum, perirectal fat plane ischiorectal fossa are normal.

Rest muscles, inter muscular fat planes and neurovascular bundles are normal.

IMPRESSION :-

- ❖ **Pubic diastasis is seen, gap of 38mm between medial edges of both pubic bones.**
- ❖ **Comminuted fracture is seen in right hemisacrum.**
- ❖ **Fractures are seen in right L2 to L5 transverse processes.**
- ❖ **Fracture seen in right inferior pubic ramus.**
- ❖ **Displaced fracture is seen at junction of 1st and 2nd coccygeal segments with anteriorly displaced distal cocygeal segment.**
- ❖ **Mild hemorrhagic ascites is seen in pelvis.**
- ❖ **Diffuse subcutaneous edema is seen in right lower anterior abdominal wall.**

Dr. Syed Oquaish Reza M.B.B.S. M.D.
RadioDiagnosis (FRCR)



20-02-2026

SAVITRI HOSPITAL & RESEARCH CENTRE

(A Unit of Savitri Devi Healthcare Pvt. Ltd.)
Dilezakpur, Gorakhpur-273 001 (U.P.) • Phones : 2346215, 7754001153, 7754001154

Not For Medico Legal Purpose. All disputed subject to Gorakhpur Jurisdiction.

CASE SUMMARY:

Pt brought to Casualty @ 11/10

RTA -> hit by truck while riding a motorcycle
pelvic injury yesterday evening at 11:00pm

Pt was initially treated at Govt Hospital while
primary treatment was given then referred to
over side.

Non-diabetic / Normotensive.

°E - Coner.

Eq VSM6

RR - 95/55

HR - 129

SpO2 - 96%

CVS - S1S2 ⊕

HR - B/L A/R ⊕

PIA - Soft

Di fuschell

CNS - Grey matter VC.

TREATMENT GIVEN:

1. Zosyn 4.5 gm + 100ml NS IV BD

1. Dalacin c 600mg + 100ml NS IV q8h

1. Paracet 40mg IV q6h

1. Emesed 4mg IV q8h

1. SBC 25ml IV q8h

1. Calcium gluconate 2amp + D 2.5% + 60ml NS IV q8h

1. PCM 100ml IV q8h

Syr. Diphtheria 2amp IV

Antibegam 1mg + 100ml NS BD

1. Tocimadol 100ml + 100ml NS IV q8h

1. Dymopet 100ml + 100ml NS BD

1. Shielcal XT 100ml

Goal
Basic Program
every case
ABC

Refer Time 12/4/26

District Combined Hospital, Kushinagar		DISCHARGE SUMMARY (PATIENT COPY)		
Date / Time of Admission: 20/04/26	Date / Time of discharge: 20/04/26	IPD No. 8881		
Dept./ward:	MLC: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: Discharge/LAMA (Please tick appropriate option)		
Patient Name: Rohit Gupta	S/D/W/O: Banaree	ICD Code (by MRD Staff)		
Age/Sex: 26/M	Address: Rupahy, PLS Bhitaha (W.C. Path)			
Treating Doctor:				
Brief History and Clinical Notes: RTA Hip fracture?				
ALLERGIC TO:				
Investigations done during hospitalization				
Final Diagnosis:				
Treatment / Surgery / Procedure (s) done during hospitalization: advise NECT Head X-Ray - Hip CKR → PA OBC LFT Urine Echo				
Follow - up medication:				
Name of Medicine	Dose	Frequency	Route	Duration
Moist O ₂ Support advise in Affm 1gm 2x daily advise in Dicho lamp 1m 8x advise in Rofac lamp 1m 8x advise in Ouden lamp 1m 8x IVF NS 500ml - 8hour				
Follow-up advice: Refer to higher Centre BRD Med for further Mang. GCS Poor				
To be reviewed on / after _____ at OPD No.				
Name of the Doctor:				(Sign of the Doctor)

biological the result, may also vary, so kindly Correlate Clinically and inform the center. the present report is only a professional opinion and not the final diagnosis.



UMANG PATHOLOGY

FULLY COMPUTERIZED LAB

Umang Pathology

Buddh Vihar Part - A Taramandal

(Behind-SBI Zonal Office), Gorakhpur

Mob: 9076897228, 7080086668

PATIENT NAME : MR. ROHIT KUMAR
AGE/SEX : 26 Y/ M
REF BY DR. : UMANG HOSPITAL
(CBC1, SUGAR-R, LFT, KFT, HBS_AG, HIV, HCV)

REPORTING DATE : 20/02/2026
TIME : 6:55 AM
REPORT ID NO. : 000551
SAMPLE NO. :

TEST'S NAME	RESULT'S	UNIT	BIOLOGICAL REF VALUE
-------------	----------	------	----------------------

HAEMATOTOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	10.1	L	Gm/dl	(12.0 - 17.0)
Total Leukocytes Count (T.L.C)	21700	H	Cells/Cumm	(4000-10000)

DIFF. LEUKOCYTES COUNT

Neutrophils	84	H	%	(40 - 75)
Lymphocytes	11	L	%	(20-45)
Eosinophils	03		%	(00-06)
Monocytes	02		%	(00 - 08)
Basophils	00		%	(00-01)
R.B.C Count	3.04	L	Milli/Cumm	(3.8-5.5)
P.C.V/HCT	28.8	L	%	(36 - 48)
M.C.V	95.1		fL	(80 - 96)
M.C.H	33.2	H	pg	(26 - 33)
M.C.H.C	34.9		g/dl	(32-36)
Platelet Count	2.36		Lac/Cumm	(1.5 - 4.5)

BIO-CHEMISTRY

DIABETIC EVALUATION

* Random Blood Sugar	113.04	mg/dl	(70 - 140 mg/dl)
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P.T.O.

LAB TECHNICIAN

हम आपके शीघ्र स्वस्थ होने की कामना करते हैं

Each Investigation has technical limitations and the inaccuracies are inherent in a constantly changing biological the result, may also vary, so kindly Correlate Clinically and inform the center. the present report is only a professional opinion and not the final diagnosis.

7

CONTINUATION SHEET

Patient's Name _____

Registration _____

DATE	SPECIALIST'S REMARKS
<p>9/3/2026 <u>Adm</u> <u>Dressing</u></p>	<p>do pain & swelling at (RH) Inguinal & groin region R - CST x 5 days Amil</p>
<p>⇒ General surgeon <u>Opinion</u> Foley's cath Amil</p>	
<p>9/2/2026</p>	<p>2-4 weeks (S)</p>
<p>Methyl M ul</p>	<p>8 days</p>

SAVITRI HOSPITAL & RESEARCH CENTRE

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Dilezakpur, Gorakhpur-273 001 (U.P.) • Phone : 0551-2346215, 7754001153, 7754001154

Regn. No. 26/001754

Patient's Name Mr. Rohit Kumar Sr. Mr. Banarasi

Address H.No. 09, Rupali (Bada), Bihaha, Bihar

Dhanahq. 845909 West Champaran

Age / Sex 26yr/M Ward/Bed 1ce-2100

Dt. Adm. 20/2/26 Dt. Opr. 27/2/2026 Dt. Dis. 3/3/2026

Diagnosis RIA \bar{c} Pubic Diasthesis \bar{c} # sacrum bone

right side \bar{c} BKI/ATN @ S. Arnus

Past History Not Reported

Operation/Treatment ORIF \bar{c} Re-constructive for \bar{c} Pubic Diasthesis

Surgeon/Physician Dr. Amit Bansal (MCO) (M)

Date of Follow up 7/2/2026

Result Satisfactory

SAVITRI HOSPITAL & RESEARCH CENTRE
DILEZAKPUR, GORAKHPUR
SIGNATURE
DATE
Surgeon/Physician

SAVITRI HOSPITAL & RESEARCH CENTRE

(A Unit of Savitri Devi Health Care Pvt. Ltd.)
DILEZAKPUR, GORAKHPUR-273 001 (U.P.)
Ph.: 2346215, 7754001153, 7754001154

रविवार ओपीडी बन्दी