

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.	C194JAM KUMAR 7053158033
2	Vehicle No. / वाहन संख्या	UP-85-DD-8816
3	Policy No. / पालिसी संख्या	252400/31/2026/65363
4	Period of Insurance / बीमा अवधि	9/1/2025 To 8/1/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/3/2026 Time 5:15 PM.
6	Place of Accident / दुर्घटना का स्थान	इरोली - बिहार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Devendra Kumar - UP 8520250015382 8262029921
8	Estimated Loss / अनुमानित हानि	64763
09.	Cause of Accident / दुर्घटना का कारण:	हैरी गाँव मोट रोड इरोली कट के पास जो प्य रोड किनारे बड़े थे वात छोट कर रहे थे तभी अचानक वम से टक्का छ गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S.B. Khondetwal Motors Surat, 1984401 8868808889

Date / दिनांक :
हस्ताक्षर

22/4/2026

Signature of Insured / बीमाधारक के



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. 252400/31/2026/65363

Tel. No. _____

Period of Insurance 9/1/2025 To 8/1/2026
 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 Chayam Kumar
 (a) Name
 (b) Address for correspondence Maya Bn, Bhadernagar, Nagpur
 (c) Telephone

2. THE INSURED VEHICLE

Make & Year <u>Hero</u>	Engine No. <u>HT01 F3 SHG 01326</u> Chassis No. <u>MBCWAE127 SHG 0122</u>	Registration No. <u>UP 85 D78</u> <u>8816</u>
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- (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
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

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



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Devendra Kumar
 (b) Age : 01-8-2005
 (c) Address : Chandrayan, Bhadrawar, near Mathura
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : Yes
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UP 8590250015382
 (h) Issuing Authority : MP
 (i) Date of Expiry : 31-7-2045
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before?: NA
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 15/3/2026 Time 5:15 PM.
 (b) Place : 27th Floor
 (c) Speed of vehicle at the time of accident : 0
 (d) Give a short description of the accident : दरवाजा खुलने के कारण गिरा और चालक को चोट लगी
 (e) If any third party was responsible for this accident give the name and address : 25th Floor, 22nd Floor, 21st Floor, 20th Floor, 19th Floor, 18th Floor, 17th Floor, 16th Floor, 15th Floor, 14th Floor, 13th Floor, 12th Floor, 11th Floor, 10th Floor, 9th Floor, 8th Floor, 7th Floor, 6th Floor, 5th Floor, 4th Floor, 3rd Floor, 2nd Floor, 1st Floor, 0th Floor

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Door broken
 (b) Estimated cost of repairs : 64263
 (c) When and where can the damaged vehicle be inspected : S.B. Chandelwal Motors

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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (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? : _____
- (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? _____
- (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 22/4/2011 200

Signature of the insured SITEN SINGH

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

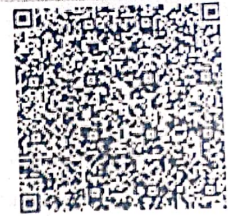


GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85DA8816
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
 Owner Name : GAUTAM KUMAR
 Full Address: (Permanent) : NAYA BAS, BHADANWARA, MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : NAYA BAS, BHADANWARA, MATHURA-UTTAR PRADESH-281205
 Fitness UpTo : 08-Dec-2040
 Registration Date : 09-Dec-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : BALVEER SINGH
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1047351041
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F3SHG01376
 Horse Power(BHP) : 8.17
 Maker's Classification : HF DELUXE (DRK)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : BLACK NEXUS BLUE
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1046965275
 Month/Year of Manuf. : 07/2025
 Chassis No : MBLHAC127SHG01222
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 110
 Laden/GV Wt (kgs) : 240
 AC Fitted : NO

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

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, NEW DELHI, , New Delhi, Delhi-110057 w.e.f. 09-Dec-2025.

Purchase dt : 09-Dec-2025
 OTT Date : 09-Dec-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 31-Jan-2026
 Sale Amt : 58020/-
 Amount/Rcpt No : 5802 / UP85D25120001792
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 09-Dec-2025 to 08-Dec-2040

Date : 25-Feb-2026 18:32:11

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Motor Vehicle Dept.
 MATHURA

8356170

Government of Uttar Pradesh
 Government of Uttar Pradesh
 Government of Uttar Pradesh



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 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, Type Of Fuel, 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 NIL Depreciation. Total Premium (A+B) is 718.

- 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 R&O 5. Subject to Endorsements IMT.7.10.28.

Table with 3 columns: Nominee Details (Nominee Name, Age, Relation), Payment Details (Payment Method, Cheque No/Transaction No, Bank Name, Amount), Financer Type (Financer Name, Financer Branch).

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.

Limitations as to use: (1) 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) Race Making (5) Speed testing (6) Reliability trials (7) Driver's License: 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.



Approved By: 0992558601
Approved On: 09-DEC-23
Place: MBT
Printed On: 09-DEC-23

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



Indian Union Driving Licence
Issued by Uttar Pradesh

(UP)

UP85 20250015382



Issue Date 16-07-2025
Validity (NT) 31-07-2045

Validity (TR)*



Holder's Signature

Name: DEVENDRA KUMAR

Date of Birth: 01-08-2005

Blood Group:

Organ Donor: Y

Son/Daughter/Wife of:

JAGVEER SINGH

Address:

GRAM NAYAVAS, BHADANWARA BHADANWARA MAT
MATHURA UTTAR PRADESH 281205

Date of First Issue 16-07-2025

DL No: UP85 20250015382

UPDL851000023043



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP85	UP85	16-07-2025	NT			
LMV	UP85	UP85	16-07-2025	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP85 MATHURA



भारत सरकार
Government of India

गौतम कुमार
Gautam Kumar
जन्म तिथि/DOB: 10/09/1999
पुरुष/ MALE

4025 9577 2816
VID: 9196 8061 3766 1117



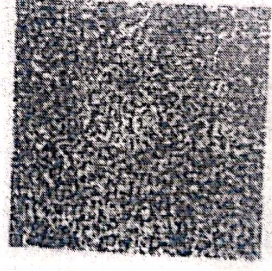
Unique Identification Authority of India

पता:
S/O: बलवीर सिंह, नया बासा, भदानीवारा, मथुरा,
उत्तर प्रदेश - 281205

Address:
S/O: Balveer Singh, naya bas, Bhadanwara,
Mathura,
Uttar Pradesh - 281205

4025 9577 2816
VID: 9196 8061 3766 1117

QR Code with photograph



आयकर विभाग
INCOME TAX DEPARTMENT

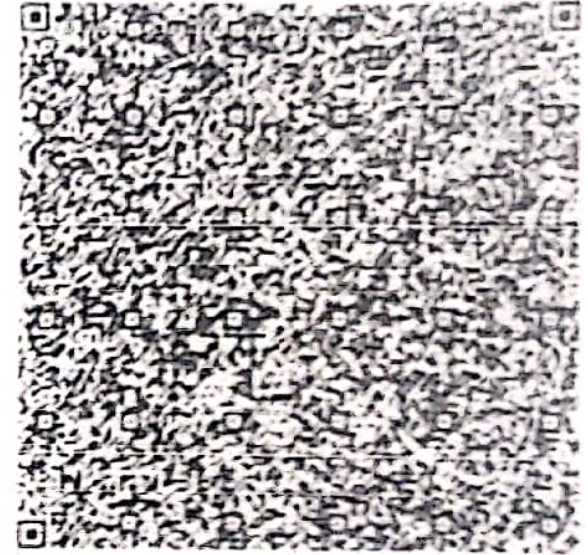


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HHTPK2443A



नाम / Name
GAUTAM KUMAR

पिता का नाम / Father's Name
BALVEER SINGH

जन्म की तारीख /
Date of Birth
10/09/1999

गौतम कुमार
हस्ताक्षर / Signature

13072018

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): मथुरा

P.S. (थाना): सुरीर

Year (वर्ष): 2026

FIR No.(प्र.सू.रि. सं.): 0064

Date & Time of FIR(प्र.सू.रि. की दिनांक/समय): 16/03/2026 16:46

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(b)

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

1. Day रविवार Date From 15/03/2026 Date To 15/03/2026
(दिन): (दिनांक से): (दिनांक तक):

Time Period पहर 6 Time From 17:15 बजे Time To 17:15
(समय अवधि): (समय से): (समय तक): बजे

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

Date 16/03/2026 Time (समय): 16:46 बजे
(दिनांक):

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. 029 Date & Time 16/03/2026 16:46 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. दर्शाएँ, 05 Beat No.
1. (a) (थाना से दूरी और दिशा): किमी (बीट सं.):
(b) Address गाँव इरीली गूजर तिराहा
(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): श्री जगदीश
(b) Father's Name (पिता का नाम): चन्द्र सिंह
(c) Date/Year of Birth (जन्म तिथि / वर्ष): 1981
(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)

(h) Address (पता):

S.No. (क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	वर्तमान पता	सरकोरिया, सुरीर, मथुरा, उत्तर प्रदेश, भारत
2	स्थायी पता	सरकोरिया, सुरीर, मथुरा, उत्तर प्रदेश, भारत

(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-9720155947

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

(जात / सदिग्ध / अजात अभियुक्त का पूरे विवरण सहित वर्णन):

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

S.No. Name (नाम) Alias (उपनाम) Relative's Name Present Address
(क्र.सं.) (रिश्तेदार का नाम) (वर्तमान पता)

S.No. (क्र.सं.)	Name (नाम)	Alias (उपनाम)	Relative's Name (रिश्तेदार का नाम)	Present Address (वर्तमान पता)
1	मिनी बस नं0 UP 85 DT 3206 चालक नाम पता अजात			1. अजात, मथुरा, 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. (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

12. First Information contents (प्रथम सूचना तथ्य):

नकल तहरीर..... सेवा में श्रीमान थाना अध्यक्ष महोदय थाना सुरीर जि0 मथुरा महोदय, निवेदन है कि कल दि0 15.03.2026 को मेरा पुत्र दीपक अपने दोस्त देवन्दर कुमार S/O जगवीर नि0 गाँव नयाबांस भदनवारा थाना सुरीर जि0 मथुरा की मोटर साईकिल सीडी डीलक्स विना नम्बर की पर बैठ कर अपने गाँव सरकोरिया से इरौली गूजर जा रहा था जैसे मोटरसाईकिल समय करीब शाम 5.15 बजे इरौली तिराहे पर पहुँची तभी पहले से खड़े वीरपाल उर्फ वीरू पुत्र राजाराम नि0 गाँव आजई खुर्द थाना जैत जि0 मथुरा से बातचीत करने के लिये मोटरसाईकिल को रोका तभी माँट की ओर से आ रही मिनी बस नं0 UP 85 DT 3206 के चालक ने बस को तेजी व लापरवाही से चला कर तीनों में टक्कर मार दी जिससे तीनों लोग गंभीर रूप से घायल हो गये जिन्हे मोखे पर मौजूद गाँव के ही श्याम सिंह

पुत्र सोरन ने घटना को देखा व घायलो को सरकारी एम्बुलेन्स से सरकारी हास्पिटल मांट में भरती कराया जहाँ डाक्टरों ने गंभीर हालत को देखते हुए मथुरा को रेफर कर दिया अब दीपक व वीरपाल का मथुरा हास्पिटल में इलाज चल रहा है। तथा देवन्द कुमार का सफदरगंज नई दिल्ली में चल रहा है में प्रार्थी अब समय मिलने पर अपनी रिपोर्ट दर्ज कराने आया है अतः श्रीमान जी से प्रार्थना है मेरी रिपोर्ट दर्ज कर आवश्यक कानूनी कार्यवाही करने की कृपा करें। एसडी हिन्दी जगदीश प्रार्थी जगदीश पुत्र चन्दन सिंह नि० गाँव सरकोरिया थाना सुरीर जि० मथुरा 9720155947 नोट: उक्त मुकदमा की कायमी हे०मो० 652 राजेश शर्मा द्वारा की गयी है।

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): PS SURIR(I (Inspector)) / 9454403951 or (या)

(2) Directed (Name of I.O.) Rank (जांच अधिकारी का नाम): (पद):

No. 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.)

मि.सि.के.के. (एम.डी. एम.डी.)
(एम.डी. एम.डी. एम.डी.)

12 Signature/Thumb impression of the
competent authority (Chief Minister)
Government of Jharkhand - State of Jharkhand
State and time of receipt in the case
number of the State of Jharkhand.

Signature of Officer in charge
Police Station
(Name and rank of officer)

Name of P.S. Officer

Rank (Designation)

No. (Date/Time)

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 SURIR

Rank I (Inspector)

No. 9454403951