



FORM 54

[See Rule 150(a) & (2)]

ACCIDENT INFORMATION REPORT

1. Name of the Police Station. **TALAI Distt Bilaspur (HP)**
2. F.I.R. No. / Traffic Accident Report. **43/2014.**
3. Date, Time and Place of the Accident. **11-5-2014 at 335 Pm Masuda
Near Talai (Bazar Talai Road)**
4. Name and full address of the injured/ deceased. **Smt Geetan Devi W/o Bajander
vill Talai Pokasari Teh Jaisingpur
Distt Kangra HP.**
5. Age of the victims at the time of accident. **(*) Smt Santosh Kumari W/o Ramesh
Chand Rjo - do - do**
6. Income of the victim
**Certificates Not produced
by the above party.**
7. Name and ages of the dependant family member.
8. Name of the Hospital to which he/ she was removed. **FRU Bazar Distt Hamirpur
Later on family members took her to Private Hospitals at
Palampur and Kangra (HP)**
9. Registration number of vehicle and
type of the vehicle. **PB-12T-3528 Scorpio LX
Mahindra Mahindra.**
10. Driving License particulars.
 - (a) Name and address of driver. **Rajnish Kumar 90 Bahlitar Singh**
 - (b) Driving License Number and date of expiry **PB-1220000058766**
 - (c) Address of issuing Authority. **LA ROPAR (PB)**
 - (d) Badge No. in case of public service vehicle.
11. Name and address of the owner of
the vehicle at the time of the accident. **Smt ANU DEVI W/O
RAJNISH KUMAR
VILL - BHALLAN TEHSIL
ANANDPUR SAHIB DISTT
RUPNAGAR (JY. 11/12)**



Name and address of the Insurance Company with whom the vehicle was insured and the particulars of the Divisional Officer of the said Insurance Company.

The New India as Company Limited

13. Number of insurance policy/ insurance certificate And the date of validity of the insurance policy/ Insurance certificate.

Policy Valid up to 06/10/2014.

14. Registration particulars of vehicle (class of vehicles)

PB-12 T-3528

(a) Registration number

Name and address of the Insurance Company with whom the vehicle was insured, and the particulars of the Divisional Officer of the said Insurance Company.

MWD4H14930

(b) Engine Number

Name and address of the Insurance Company with whom the vehicle was insured, and the particulars of the Divisional Officer of the said Insurance Company.

(c) Chassis number.

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15. Route permit particulars.

Number of insurance policy/ insurance certificate

16. Action Taken if any and the result thereof, Insurance certificate.

Vehicle Released by Court.

[Signature]
Seal
Office Station T. at
SHO, Police Station, P.