**SANTOSH KRISHNAN 645B/235, Abhishekpuram**

Advocate/Investigator Colony, Jankipuram Vistar

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G.I.C. Ltd. Mob.No.9415093012

Pan. No.AKSPK4272C

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**Ref.No-NIC/DO-I/LKO/4798/2018 Date:09/05/2019**

**To,**

**The Sr. Divisional Manager,**

**National Insurance Co.Ltd.**

**Divisional Office-I,**

**Hazaratganj, Lucknow.**

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| **ANNEXURE-E(INVESTIGATOIN REPORT IN DEATH/INJURY CASES** | |
| DATE OF ALLOTMENT OF CASE | 08/10/2018 |
| DATE OF SUBMISSION OF REPORT | 09/05/2019 |
| REASONS FOR SUBMITTING AFTER 30 DAYS FROM THE DATE OF ALLOTMENT |  |
| **RE:MACT/WC CASE No-122/2005**  **CASE TITLE: Raja Bux Singh & Others V/s Abrar Ahmad & Others** | |
| NAME OF INSURED | MR. KAMAL HASAN |
| POLICY/COVER NOTE NO. | 450506479458 |
| POLICY PERIOD | 15/09/2005 TO 14/09/2006 |
| DATE OF ACCIDENT | 16-17/01/2005 |
| INSURED VEHICLE NO. | UP-32/Q-4917 |
| POLICE STATION | GOSAIGANJ, DISTT. LUCKNOW. |
| CRIME NO. | 14/2005 |
| NAME OF DECEASED/INJURED | BHANU PRATAP SINGH @ SUJEET KUMAR SINGH |
| **CHECK-LIST** | |
| COPY OF POLICY | YES |
| COPY OF RC | YES |
| PHOTOGRAPH OF THE INSURED VEHICLE | NO |
| COPY OF DL WITH VERIFICATION REPORT | NO |
| COPY OF DL OF DRIVER OF OTHER VEHICLE | YES |
| COPY OF PERMIT, IF ANY WITH VERIFICATION REPORT | NO |
| COPY OF FIR/GDE/DDR | YES |
| COPY OF CHARGE-SHEET/FINAL REPORT | YES |
| COPY OF SITE PLAN/SKETCH | YES |
| COPY OF SEIZURE LIST | NO |
| COPY OF UD, IF ANY | NO |
| COPY OF PMR | YES |
| COPY OF INQUEST | YES |
| COPY OF SPOT PANCHNAMA | YES |
| COPY OF MVI REPORT |  |
| STATEMENT OF WITNESS U/S 161 Cr.P.C. | NO |
| STATEMENT OF ANY OTHER EYE-WITNESS | NO |
| COPY OF MLC | NO |
| COPY OF INJURY REPORT | NO |
| COPY OF MEDICAL CASE RECORDS WITH CLINICAL HISTORY FROM THE HOSPITAL | NO |
| COPY OF MEDICAL TREATMENT BILLS | NO |
| STATEMENT OF THE INSURED | NO |
| STATEMENT OF THE DRIVER OF INSURED VEHICLE | NO |
| STATEMENT OF THE CLAIMANT ALONG WITH PROOF | NO |
| INCOME PROOF OF THE DESEASED/INJURED | NO |
| OCCUPATION PROOF OF THE DESEASED/INJURD | NO |
| AGE PROOF OF THE DECEASED/INJURED | YES |
| **PART-1 DOCUMENTS RELATING TO INVOLVMENT OF INSURED VEHICLE & NEGLIGENCE** | |
| **POLICE PAPERS:-** | |
| FIR/GD/CRIME NO. | 14/2005 |
| DATE & TIME | 17/01/2005, TIME-05:40 AM |
| POLICE STATION | GOSAIGANJ, DISTT.LUCKNOW. |
| INFORMENT/COMPLAINANT | RAJ KISHOR BAJPAI S/O HANUMANDEEN BAJPAI |
| DATE, TIME & PLACE OF ACCIDENT | 16-17/01-2005, TIME-NIGHT |
| DETAILS OF ACCUSED | TRUCK DRIVER TRUCK NU.HR38/A6607 |
| VEHICLE INVOLED AS PER FIR | MARUTI 800 NO.UP-32/Q-4917  TRUCK NO. HR-38/A-6607 |
| FIR FILED UNDER SECTION | 279, 304A, 337, 338, 427 IPC |
| DESCRIPTION OF MANNER OF ACCIDENT AS PER FIR:-;g fd fnuk¡d 16-01-2005 dks jktukjk;.k cktisbZ fu0&dqjs“kh] jk;cjsyh jksM] dLck gSnjx<+] tuin ckjkcadh ds ;gkW ek:fr 800 ua0 ;w0ih0&32@D;w0&4917 ls 1- vthr izrki flag iq= jktkcD“k flag o 2- lqthr izrki flag iq= jktkcD“k flag fu0&e0ua0&442@25,] tujSyxat] ckykxat] Fkkuk Bkdqjxat] y[kuÅ] 3- fueZy xqIrk iq= ,p0,y0 xqIrk] fu0&442@27,] tujSyxat] ckykxat Bkdqjxat] y[kuÅ, 4- vkyksd cktisbZ iq= jktukjk;.k cktisbZ] fu0&tujSyxat] Bkdqjxat] y[kuÅ] 5- jktukjk;.k iq= guqekunhu cktisbZ] 6- losZ“k frokjh iq= vkj0ds0 frokjh o 7- fo“kEHkj pkSjfl;k iq= jken;ky pkSjfl;k fuoklh tujSyxat] Bkdqjxat] y[kuÅ ds lkFk fryd esa x;s FksA tgkW ls okil vkrs le; jkf= esa uokcvyh dk iqjok ds lkeus IkDdh lM+d ij Vªd ua0 ,p0vkj0&38@,0&6607 tks lM+d ij [kM+k Fkk ftlesa ihNs ykbV ugh FkhA Vªd lM+d ds chp esa [kM+s gksus ds dkj.k mDr ek:fr dkj ftls losZ“k frokjh iq= vkj0ds0 frokjh pyk jgs Fks tks Vªd ds ihNs vUnj ?kql x;hA ftlls dkj esa cSBs vthr izrki] lqthr izrki] fueZy xqIrk o vkyksd cktisbZ dh ekSds ij gh e`R;q gks x;h rFkk jktukjk;.k cktisbZ] losZ“k frokjh o fo“kEHkj pkSjfl;k xEHkhj :Ik ls ?kk;y gks x;sA ftUgs bykt gsrq esfMdy dkyst Vªkek lsUVj y[kuÅ esa HkrhZ gS Vªd ds pkyd dh ?kksj ykijokgh ds dkj.k mijksDr ?kVuk ?kfVr gqbZ gSA | |
| CHARG SHEET/FINAL REPORT DATED | 21/02/2005 |
| CHARGED UNDER SECTIONS | 279, 337, 338, 304A, 427 IPC |
| ACUUSED AS PER CHRGE-SHEET (NAME, FATHER,S NAME & ADDRESS | SAGEER AHMAD S/O RAFEEQ AHMAD, R/O-ISLAM NAGAR, PS-BAHEDI, DISTT. BAREILLY. |
| **ADDITIONAL MANDATORY DOCUMENTS** | |
| SPOT PANCHANAMA (DATE & DETAILS) | 17/01/2005 TIME:06:40 AM |
| INQUEST PANCHNAMA (DATE & DETAILS) | 17/01/2005 TIME:06:40 AM |
| SKETCH OF ACCIDENT (DATE & DETAILS) | UNREAD |
| SEIZURE (DATE, PLACE OF SEIZURE & DETAILS) |  |
| MVI REPORT (DATE & DETAILS) |  |
| ARREST OF ACCUSED |  |
| **OTHERS AIDING DOCUMENTS** | |
| STATEMENT OF INSURED RECORDED BY INVESTIGATOR | NO |
| STATEMENTS OF DRIVER RECORDED BY INVESTIGATOR | NO |
| STATEMENT OF EYE-WITNESS RECORDED U/S. 161 Cr.P.C. | NO |
| STATEMENT OF EYE-WITNESS RECORDED BY INVESTOGATOR | NO |
| DATE OF SPOT-VISIT BY INVESTIGATOR |  |
| DETAILS OF FINDING AT THE ACCIDENT SPOT |  |
| STATEMENT OF OTHERS WITNESS, IF ANY, RECORDED BY INVESTIGATOR | NO |
| PHOTOGRAPHS TAKEN AT THE SURROUNDINGS OF SPOT (ATTACH COPY) | YES |
| DETAILS OF LOSS(DEATH, INJURIES & PROPERTY DAMAGE ARISING OUT OF ACCIDENT) | NO |
| ANY OTHERS RELEVANT INFORMATION |  |
| **PART-II (A) DEATH ON ACCOUNT OF ACCIDENTAL INJURIES (RTA)** | |
| POSITION & CAPACITY OF DECEASED PERSON AT THE TIME OF ACCIDENT |  |
| POST-MORTOM REPORT (DATE, TIME & CAUSE OF DEATH) | 17/01/2005 TIME 03:30 PM  DEATH IS DUE TO COMA AS A RESULT OF ANTIMORTOM INJURIES. |
| MEDICO-LEGAL CERTIFICATE (MLC) | NA |
| IF DIED DURING TREATMENT, DEATAILS THERE OF (ANNEX PROOF ALONG WITH VERIFICATION OF MEDICAL BILLS) | NA |
| UD (Unnatural Death) DETAILS, IF ANY | NA |
| **PART-II (B) DISABILITY ON ACCOUNT OF ACCIDENTAL INJURIES (RTA)** | |
| POSITION & CAPACITY OF INJURED PERSON AT THE TIME OF ACCIDENT | NA |
| MEDICO-LEGAL CERTIFICATE (MLC) | NA |
| DETAILS OF INJURY AS PER INJURY CERTIFICATE | NA |
| TREATMENT DETAILS (ANNEX PROOF ALONG WITH VERIFICATION OF MEDICAL BILLS | NA |
| DETAILS OF DISABILITY CERTIFICATE | NA |
| PRESENT STATUS OF INJURED | NA |
| **PART-III (A) PARTICULARS OF INSURED VEHICLE** | |
| REGISTRATION NO. (ATTACH RC) | UP-32/Q-4917 |
| ENGINE NO. | 1463914 |
| CHASSIS NO. | SB308IN1096471 |
| MAKE | MARUTI UDYOG LTD |
| MODEL | 1997 |
| TYPE OF VEHICLE | LMV (CAR) |
| NAME & ADDRESS OF OWNER | MR. BHAGWATI PRASAD S/O LATE SRI RAM KARAN, R/O-255/384, RAKABGANJ, LKO. |
| PHOTOGRAPH OF THE VEHICLE | NO |
| FITNESS CERTIFICATE | 25/03/2017 |
| **PERMIT DETAILS, IF REQUIRED** | |
| PERMIT NO. | NA |
| TYPE OF PERMIT | NA |
| PERIOD OF VALIDITY | NA |
| ISSUING AUTHORITY | NA |
| VERIFICATION DETAILS FROM ISSUING AUTHORITY | NA |
| **DRIVING LICENSE OF DRIVER OF INSURED VEHICLE** | |
| NAME OF DRIVER (ALONG WITH FATHER’S NAME & ADDRESS) | NA |
| DRIVING LICENSE NO. | NA |
| CLASS OF DL | NA |
| PERIOD OF VALIDITY | NA |
| AUTHORIZATION | NA |
| ISSUING AUTHORITY | NA |
| VERIFICATION DETAILS FROM ISSUING AUTHORITY | NA |
| **PART-III (B) PARTICULARS OF OTHERS VEHICLE’S** | |
| REGISTRATION NO. | HR-38/A-6607 |
| ENGINE NO. | UNREAD |
| CHASSIS NO. | UNREAD |
| MAKE, MODEL & TYPE OF VEHICLE | TUV, 1996 & SLT |
| NAME & ADDRESS OF OWNER | ABRAR AHMAD S/O SAID AHMAD, R/O-ISLAM NAGAR, BAHEDI, DISTT. BAREILLY. |
| NAME & ADDRESS OF DRIVER | SAGEER AHMAD S/O RAFEEQ AHMAD, R/O-ISLAM NAGAR, BAHEDI, DISTT. BAREILLY. |
| INSURED COMPANY | THE NEW INDIA ASSURANCE CO. LTD. |
| **PART-IV (A) DETAILS OF DECEASED/INJURED** | |
| NAME, FATHER’S/HUSBAND’S NAME OF DECEASED | BHANU PRATAP SINGH @ SUJEET KUMAR SINGH S/O RAJA BUX SINGH |
| ADDRESS (PERMANENT & TEMPORARY) | H.NO.442/25A, GENERAILGANJ, BALAGANJ, PS-THAKURGANJ, DISTT. LUCKNOW. |
| AGE (MENTION DATE OF BIRTH ALONG WITH PROOF) | DOB-11/01/1986 |
| SEX | MALE |
| MARITAL STATUS | UNMARRIGED |
| EDUCATIONAL QUALIFICATION | BA-1ST |
| OCCUPATION/PROFESSION/EMPLOYMENT | AGENT & TEACHING |
| NAME OF THE EMPLOYER, IF APPLICABLE | SAHARA INDIA |
| IN CASE OF BUSINESS MAN, PRESENT STATUS OF BUSINESS | NA |
| PLACE OF EMPLOYMENT/OCCUPATION | LUCKNOW |
| INCOME/SALARY CLAIMED | NA |
| PROOF IN SUPPORT OF CLAIM | NA |
| VERIFICATION OF INCOME/SALARY | NA |
| PAN NO. & BANK DETAILS | NA |
| STATEMENT OF EMPLOYER | NA |
| ANY OTHERS RELEVANT INFORMATION | ;g fd e`rd Hkkuqizrki flag mQZ lqthr dqekj tks lgkjk esa ,tsUV ds :Ik esa dk;Z djrk Fkk rFkk dksfpax i<+kus dk dk;Z djrk FkkA nkokizi= ds vuqlkj e`rd dh ekfld vk;&4000@&:0 Fkh ysfdu e`rd dh vk; o O;olk; ls lEcfU/kr izi= i=koyh esa nkf[ky ugh gSaaA |
| **PART-IV (B) DETAILS OF CLAIMANTS** | |
| NO. OF CLAIMANTS AS PER CLAIM PETITION | 2 |
| NAME, AGE, MARITAL STATUS AND RELATIONSHIP WITH DECEASED OF CLAIMANTS & PROOF THERE OF | 1- RAJA BUX SINGH, 48, MARRIGED- FATHER  2- SMT. RANI DEVI, 46, MARRIGED-MOTHER |
| ADDRESS OF THE CLAIMANTS | H.NO.442/25A, GENERAILGANJ, BALAGANJ, PS-THAKURGANJ, DISTT. LUCKNOW. |
| OCCUPATION OF CLAIMANTS, IF ANY | RETAYARDA SECERETORY |
| STATEMENT OF CLAIMANTS’AS RECORDED BY INVESTIGATOR | ;g fd tkWp ds nkSjku v/kksgLrk{kjh nkokdrkZ ls lEidZ dj tkudkjh dh x;h fdUrq nkokdrkZ ds }kjk tkWp esa dksbZ lg;ksx ugh fd;k x;kA |
| **PART-V DETAILS OF INSURED** | |
| NAME, FATHER’S/HUSBAND’S NAME OF INSURED | MR. KAMAL HASAN S/O MASOOD AHMAD |
| ADDRESS (PERMANENT & TEMPORARY) | VILL. SADRAUNA, AMAUSI, LKO |
| OCCUPATION/PROFESSION/EMPLOYMENT | NA |
| ASSETS (FINANCIAL STATUS) OF INSURED | NA |
| **PART-VI CONTACT PERSONS** | |
| NAME & CONTACT NO. OF CLAIMANT | 9793994432 |
| NAME & CONTACT NO. CLAIMANT’S ADVOCATE | NA |
| CONTACT NO. OF INSURED | NA |
| NAME & CONTACT NO. OF INSURED’S ADVOCATE | NA |
| NAME & CONTACT NO. OF EMPLOYER | NA |
| NAME & CONTACT NO. OF ANY WITNESS (IF PROVIDED) | NA |
| **PART-VII FINDINGS OF INVESTIGATOR** | |
| CONCLUDING REMARK ON INVOLVEMENT OF INSURED VEHICLE AND DOCUMENTS RELIED UPON |  |
| CONCLUDING REMARK ON VALIDITY OF DRIVING LICENSE & PERMIT (IF APPLICABLE) |  |
| CONCLUDING REMARK ON AGE, OCCUPATION & INCOME OF DECEASED & DOCUMENTS RELIED UPON |  |
| SPECIAL REMARKS ANY |  |
| **DECLARATION:-**UNDERMY SEAL AND SIGNATURE, I AM SUBMITTING THIS REPORT IN TWO PARTS ON THE BASIS OF FINDINGE OF INVESTIGATION CONDUCTED BY ME, I HEREBY AFFIRM THAT THAT THE CONTENTS OF THIS REPORT ARE TRUE TO THE BEST OF MY KNOWLWDGE AND BELIFE, AND THAT NOTHING HAS BEEN CONCEALED. | |

**Name of Investigator:-**Santosh Krishnan.

**Signature of Investigator:-**

**Address of Investigation:-**645B/235, Abhishekpuram Colony, Jankipuram Vistar, Lucknow.

**Email-ID of Investigator:-**[**santoshkrishnan22@gmail.com**](mailto:santoshkrishnan22@gmail.com)**.**

**Phone/Mobile No. of Investigator:-9415093012.**