

FORM COMP AA
(Sec Roules 253 (c), 254 (c), (iii), 254 (80), 255(1), (iv))
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police station	Police Station Nanded Rural
2	CR NO	445/2025 U/s 106(1), 281 BNS 2023
3	Date Time and Place of the accident	Dt. 23/04/2025 Time 23:00 DhAWALE Corner Nanded
4	Name of the injured /deceased	Dulbaji Madhvrao Kumbhar Age 36 yrs At Kakandi Ta Dist Nanded
5	Name of Hospital which he/she was removed	Govt Hospital Vishnupuri Nanded By Ambulance
6	Number of vehicles and Type of the vehicles	1 Honda City Car No MH02 AU 0443 2 motar cycle No MH26 BT 9135
7	Name and address of the driver of the vehicle with particulars of driving license of the said driver and the address of the issuing Authoriti of the said driving licenses the number of badge in case of public service vehicle and the address of the Issuing Authority of the said bage	Name – Akshy Prataprao Londhe age 26 yrs at Bhagyanagar Wasmat road] Parbhani License No – MH3820220010189 (Accused)
8	Name of the owner of the vehicles as it stand on the Date of the accident	Tofik Shaikh Rafik age 42 yrs At Azam Colony Hingoli
9	Name of the address of the insurance Company with whome the vehicles was insured and the Divisional Office of the said insurance Company	MAGMA GENERAL INSURANCE LTD Policy BAZAR INSURANCE BROKERS PRIVATE LIMITED BRC0000434
10	Number of the Insurance Policy/insurance certificate and the date of validity of the insurance policy	Policy NO P0025100023/4190/164783 10/03/2025 time 00:00 AM TO 09/03/2026 Time 11:59 PM
11	Action taken of any and the result ther of	--



दोषारोप/अंतिम अहवाल नमुना
(भारतीय नागरी सुरक्षा संहिता 2023 कलम 193 अन्वये)
FINAL FORM/REPORT (Under section 193 BNSS 2023)

न्यायालयाचे नांव :- मा. न्यायदंडाधिकारी प्रथम वर्ग न्यायालय नांदेड यांचे सेवेत,
IN THE COURT OF

1. राज्य - महाराष्ट्र जिल्हा - नांदेड पोस्टे - नांदेड ग्रामीण पहिली खबरक / कार्यवाही क
445 वर्षे 2025 दिनांक 09/05/2025

State District P. S. Fir NO/Proceeding/GD No Year Date

2. दोषारोप पत्र क/अंतिम अहवाल क 347/2025
Final Report/Charge sheet No

3) पाठवलेचा दिनांक 05/08/25
Date

4. i) अधिनियम भारतीय न्याय संहिता 2023 कलम :- 106 (1), 281,

ii) अधिनियम

iii) इतर अधिनियम व कलमे :-

5. अंतिम अहवालाचा प्रकार :- आरोपपत्र दाखल केले / पुराव्या अभावी आरोपपत्र दाखल केले नाही
/ तपास लागला नाही / आरोपी मरण पावला (योग्य ठिकाणी खुण करा)
Type of Final Form/ Report Charge sheet/Not Charge Sheeted For want of evidence/
Offence abated (tick applicable portion)

6. जर अंतिम अहवालाचा प्रकार :- घडलाच नाही / खोटी / वस्तुस्थितीची चुक / कायदयाची चुक /
अदखलपात्र / दिवाणी स्वरूप
If FR Unoccurred - False/Mistake of Law/Non Cognisable/Civil nature (tick applicable portion)

7. जर आरोपत्र ठेवले तर :- तात्पुरते / मुळ / पुरवणी (योग्य ठिकाणी अशी खुण अशी करावी)
If Charge sheet :- Provisnal/Original/Supplementary (tick applicable portion)

8. तपासी अधिका-याचे नांव :- ज्ञानेश्वर एकनाथ भोसले पदनाम:- पोलीस उपनिरीक्षक कोड
Name Of I O (at the time of chargesheet) Rank No

9. अ) तक्रारदाराचे नांव :- सारिका दुलबाजी कुंभार वय 32 वर्षे
Name of complainant

ब) वडीलांचे / पतीचे नांव :- दुलबाजी कुंभार
Fathers /Husbands Name

कायमचा पत्ता :- काकांडी ता, जि नांदेड मोहल्ला :- वार्ड क :-
Permanent Address :- village Ward

रस्ता :-
Road

P S

10) कोर्टात दोषारोप पाठविलेले आरोपीतांची यादी (फरारी सह असल्यास) आवश्यक असल्यास
वेगळा कागद जोडावा

अ. क	आरोपीताचे संपूर्ण नांव	वय	राहण्याचे ठिकाण	अटक दिनांक	न्यायालयात हजर होण्याचा दिनांक	शेरा
1	2	3	4	5	6	7
01	अक्षय प्रतापराव लोंढे	26 वर्षे	रा भाग्यनगर वसमत रोड परभणी	21/05/2025 रोजी नोटीस देवुन सोडण्यात आले	---	---

नोट :- वरील दोषारोप पत्रात पाठविलेल्या प्रत्येक आरोपी करीता फॉर्म क V E वेगळा जाओ

Form V- B

11. पडताळलेल्या साक्षीदाराचे विवरण :- Particulars of witnesses to be examined

अ. क.	साक्षीदाराचे नांव	जन्म तारीख / वय	व्यवसाय	संपुर्ण पता	सादर करावयाचे पुराव्याचा प्रकार
1	2	3	4	5	6
01	सारीका दुलबाजी कुंभार	32 वर्षे	घरकाम	काकांडी ता जि नांदेड	फिर्यादी
02	संभाजी भगवान मुगटकर	29 वर्षे	मजुरी	सहयोग कॉलेज चे पाठीमागे विष्णुपुरी नांदेड	घटनास्थळ प
03	उमाकांत गणेश धनेगांवकर	40 वर्षे	मजुरी	रा बळीरामपुर ता जि नांदेड	घटनास्थळ प
04	महादु उर्फ माधवराव दुलबा कुंभार	72 वर्षे	..	रा काकांडी ता जि नांदेड	साक्षीदार
05	कांताबाई महादु कुंभार	60 वर्षे	घरकाम	रा काकांडी ता जि नांदेड	साक्षीदार
06	राजेश रंगराव काळे	30 वर्षे	नोकरी	रा वडगांव ता जि नांदेड	साक्षीदार
07	राहुल भिमराव चौदंते	40 वर्षे	नोकरी	रा. बळीरामपुर ता जि नांदेड	जप्ती पंच
08	संतोष हिरामण पवार	36 वर्षे	मजुरी	बळीरामपुर ता जि नांदेड	जप्ती पंच
09	डॉ अनिरुद्ध सिंह	—	वैद्यकीय अधिकारी	शासकिय दवाखाना विष्णुपुरी नांदेड	पि एम केले
10	अभिजीत चंद्रकांत कोळी	—	नोकरी (वा नि)	आर टी ओ ऑफिस नांदेड	वाहन निरीक्षक
11	महेद्र संवनकर	54 वर्षे	नोकरी पोहको / 2812	पो स्टे नांदेड ग्रामीण जि नांदेड	दाखल अधिकारी
12	ज्ञानेश्वर ए भोसले	42 वर्षे	नोकरी	पो स्टे नांदेड ग्रामीण जि नांदेड मो 9765292989	तपासी अधीकारी



Form V-C

12. तपासाचे वेळी जप्त केलेल्या/परत मिळविलेल्या/अंतर्भुत असलेल्या मालमत्तेचा/वस्तुचा/दस्तऐवजाचा तपशिल. (आवश्यक असल्यास स्वतंत्र कागद जोडावा)

Details of Properties/Articles/Documents recovered/seized during investigations and relied upon (separate list can be attached if necessary)

अ. क.	मालमत्तेचे वर्णन	अंदाजीत मुल्य (रुपयात)	पेलीस ठाणे मालमत्ता नोंदवही क	कोणाकडून/कोटुन परत मिळविली /जप्त केली	मालमत्तेची विल्हेवाट
1	2	3	4	5	6
01	एक होंडा सिटी ZX कंपनीची ग्रे कलरची कार जिचा पार्सींग क MH02 AU0443 असा असुन तिचा चेसीस क MAKGD851F6N33286 इंजिन नं L15A300886 वा. कार	2,00,000/-	M.R. No. 165/2025	आरोपी नामे अक्षय प्रतापराव लोंढे यांचेकडुन पो स्टे नांदेडग्र येथे जप्त	पो स्टे नांदेड ग्रामीण येथे परीसरामध्ये जमा

13. घटनेची थोडक्यात हकीकत :- (आवश्यक असल्यास वेगळा कागद जोडावा)

Brif facts of the case (Attach sepret paper if necessary)

सादर विनंती की, मा हु. कोर्ट स्थळसिमेच्या हद्दिदत 23/04/2025 रोजी रात्री 23:00 वा चे सुमारास फिर्यादी यांचे पती नामे दुलबाजी माधवराव कुंभार वय 36 वर्षे रा कांकांडी ता जि नांदेड हे त्यांचे मित्र राजेश रंगराव काळे यांचेसोबत मा सा क MH 26 BT9135 वर बसुन ढवळे कॉर्नर कडुन चंदासिंग कॉर्नर कडे जात असताना ढवळे कॉर्नर येथे आले असता असता त्याचे पाठीमागुन येणारी होंडा सिटी कार क MH 02 AU 0443 चे चालकाने त्याच्या ताब्यातील कार हायगय व निष्काळजी पणाने व भरधाव वेगात चालवुन फिर्यादीचे पतीस जोराची धडक देवुन गंभीर जखमी करुन त्याचे मरणास कारणीभुत झाला असुन त्यांचेविरुध्द कलम 106 (1), 281, भा न्या संहिता 2023 अन्वये गुन्हा केल्याचा दोषारोप आहे.

N.C.R.B

Form V- D

14 पहिली खबर खोटी असेल तर भारतीय न्याय संहितेच्या कलम 217/248 अन्वये केलेली किंवा करावा याची कार्यवाही नमुद करावी.


If F.I.R. is falls, indicate action taken or proposed to be taken under section 217/248 BNS
15. प्रयोग शाळा विश्लेषणाचे निष्कर्ष :- (Result of Laboratory Analysis)

16 फिर्यादीला भारतीय नागरी सुरक्षा संहिता 2023 कलम 193 प्रमाणे त्याने तकारीचे निरसन केल्याबद्दल कळविलेचा दिनांक _____

Information given to complainant about his complaint's Police disposal date -----

17 सोबत जोडलेल्या सहपत्रांची संख्या (Inclosed papers No)-----

18 पोलीस ठाणे प्रभारी अधिका-याची सहि
(Signature of the incharge of the Police Station)
नांव Name ओमकांत विंचोलकर
पदनाम Designation पोलीस निरीक्षक
नेमणुक Posting- पोलीस स्टेशन नांदेड ग्रामीण


तपासीक अधिका-याची सहि
(Signature of the investigation officer)
नांव Name डी ई भोसले
पदनाम Designation पोलीस उपनिरीक्षक
नेमणुक Posting- पो. स्टे. नांदेड ग्रामीण



N.C.R.B

Form V- E

आरोपपत्र ठेवलेल्या आरोपीचा तपशिल (प्रत्येक आरोपीसाठी स्वतंत्र फॉर्म जोडावा)

Particulars of accused persons charge-sheeted : (use seprate for each accused)

आरोपी अटक रजि क Accused arrest Reg No -----

(i) नांव Name फिरोज अक्षय प्रतापराव लोंढे पडताळणी केली आहे काय? Whether verified होय

(ii) वडीलांचे /पतीचे नांव : Father's/Husband's name प्रतापराव लोंढे

(iii) जन्मतारीख /वय : Date of Birth/ age 26 वर्ष

(iv) लिंग : Sex पुरुष (v) राष्ट्रीयत्व : Nationality भारतीय (vi) पासपोर्ट कPassport No --

(vii) धर्म:Religion हिंदु (viii) अनु जाती /जमातीचा आहे काय?Whethere SC/ST/OBC ---

(ix) व्यवसाय : Occupation कार चालक

(x) आरोपीचा पत्ता : Address रा.भाग्यनगर, वसमत रोड परमणी

(xi) तात्पुरता गुन्हेगार क : Provisional crimimnal No

(xii) नियमीत गुन्हेगार क (माहित असल्यास, अंगुलीमुद्रा असल्यास): Regular Criminal No (if know) if after conviction received by Fingar Print Beuro

(xiii) आरोपी अटक तारीख : Date of arrest 21/05/2025

(xiv) जामीनावर सोडल्याचा दिनांक : Date of release on bail : दिनांक 21/05/2025 रोजी नोटीस देवुन पोलीसांनी जामीनावर सोडले

(xv) न्यायालयात पाठविल्याचा दिनांक : Date on which forwarded to court

(xvi) कोणत्या अधिनियमाखाली व कलमाखाली : Under Acts & Section कलम 106(1), 281, भा न्या संहिता 2023

(xvii) जामीनदाराचे नांव व पत्ता : Daitails of bailers/sureties

नांव :Name

वडीलांचे /पतीचे नांव: Father's/Husband's name

व्यवसाय: Occupation

पत्ता :Address

आरोपीचे ओळख चिन्ह :Identification

(xviii) प्रकरणाचे संदर्भासह पुर्वीची अपराधसिध्दी : Previous conviction with case references -----

(xix) आरोपीची सद्य स्थिती : Status of the accused पुढे पाठविले /पोलीसांनी जामिनावर सोडले /न्यायालयाने जामिनावर सोडले /न्यायालयीन कोठडीत /फरारी / (योग्य ठिकाणी खुण करावी)

Forwarded/Bailed by police/ Bailed by court/ Judicial custody/ Absconding/ Proclaimed offender (tick applicable portion)

(xx) दोषारोप पत्राप्रमाणे कोर्टात पाठविलेल्या आरोपीचा फोटो (Photo of charge sheeted accused)

ज्ञानेश ए. भासले
पोलीस उपनिरीक्षक
पो.स्टे.नांदेड (ग्रा)

ज्ञानेश ए. भासले
पोलीस उपनिरीक्षक
पो.स्टे.नांदेड (ग्रा)



जबाब

दि.09/05/2025

मी सारीका दुलबाजी कुंभार वय 32 वर्ष व्यवसाय घरकाम रा.काकांडी ता.नांदेड
जि.नांदेड मो.9860608171

समक्ष पोलीस ठाणे नांदेड ग्रामीण येथे हाजर येवुन जबाब देते, की मी वरील ठिकाणची राहणारी असुन मला एक मुलगा आहे मी घरकाम करते व माझे पती नामे दुलबाजी माधवराव कुंभार हे जया हुंडाई शोरुम मध्ये विस हजार रुपये पगारावर नौकरी करत होते सासु सासरे यांचे सोबत राहुन कुटुंबाचा उदरनीवाह करत असते.

दि.23/04/2025 रोजी रात्री 11.00 वाजताचे सुमारास माझ्या पतीचा मित्र नामे राजेश रंगराव काळे रा.वडगाव यांचा माझे मोबाईल वर फोन आला की दुलबाजी माधवराव कुंभार हा व मी शोरुम मधील मित्राचा वाढदीवस साजरा करुन माझे मोटार सायकल क्रमांक.MH-26-BT-9135 ने आम्ही आमचे घराकडे निघालो आम्ही ढवळे कॉर्नर येथे आलो असता आमच्या पाठीमागुन एक होंडा सिटी कंपनीची कार जिचा पासिंग क्रमांक MH-02-AU-0443 चा चालकाने जोराची पाठीमागुन धडक दिल्याने दुलबाजी च्या डोक्याला गंभीर मार लागला असल्याने आम्ही त्यास हॉस्पिटल मध्ये घेवुन जात आहे.व मला सुद्धा हाताला पायाला मारलागला आहे तुम्ही यशोसाई हॉस्पिटल येथे या असे सांगितले त्या वरुन माझे सासरे माहदु ऊर्फ माधवराव दुलबाजी कुंभार व सासु कांताबाई महादु ऊर्फ माधवराव कुंभार व शेजारी साईनाथ गनपती कानोले असे मिळुन आम्ही यशोसाई हॉस्पिटल नांदेड येथे गेलो तेथील डॉक्टरानी तपासुन सरकारी दवाखाना विष्णुपुरी नांदेड येथे घेवुन जाण्यास सांगितले त्यावरुन आम्ही माझे पतीस दि.24/05/2025 चे 02.00 वाजताचे सुमारास उपचार कामी सरकाररी दवाखाना विष्णुपुरी नांदेड येथे दाखल केले तेथे माझे पतीवर उपचार चालु असताना दि.26/04/2025 रोजी सकाळी 08.30 वाजता उपचारा रदरम्यान माझे पती मरण पावले

तरी दि.23/04/2025 रोजी वेळ अंदाजे 11.00 वाजताचे सुमारास माझे पतीचा मित्र राजेश रंगराव काळे यांची मोटार सायकल क्रमांक MH-26-BT-9135वर माझे पती नामे दुलबाजी कुंभार असे दोघे मिळुन घराकडे येत असताना ढवळे कॉर्नर येथे आले असता त्यांचे पाठीमागुन कार क्रमांक MH-02-AU-0443 च्या चालकाने अपल्या ताब्यातील कार हायगाई व निष्काळजी पनाने चालवुन पाठीमागुन जोराची धडक दिल्याने माझ्या पतीस डोक्यास गंभीर मार लागुन मरण पावला त्याचे मरणस नमुद कार चालक करनीभुत झाला व मोटार सायकल चालवत असलेला पतीचा मित्र राजेश काळे यांना पण जखमी केले आज रोजी सर्व विधी व अस्थी विसर्जन करुन आज रोजी तक्रार देत आहे. म्हणुन त्याचे विरुद्ध कायदेशीर कार्यवाही होणेस विनंती आहे.

वरील प्रमाणेचा माझा जबाब माझे सांगणे प्रमाणे संगनकावर टंकलीखित केला तो मी वाचुन पाहीला तो बरोबर व खरा आहे.

हा जबाब दिला सही

सारीका

दिनांक 09/05/2025 वेळ 22.56 वा

हेड 71 वर करन 445/2025 कडम

281, 106(1) BNS प्रमाणे उरुन दाखल

करुन पुढील तपास मागील लो ओडेशागे

पोडपाने / इती ओडेशागे ओचेकडे दिला

पोलीस ठाणे अंमलदार
पो. स्टे. नांदेड (ग्रा.)

मानेश ए. थोसले
पोलीस उपनिरीक्षक
पो. स्टे. नांदेड (ग्रा.)



ल. अधिकारी

त. श्रमकदा

N.C.R.B (एन.सी.आर.बी)

I.I.F.-I (एकीकृत अन्वेषण फॉर्म - १)

FIRST INFORMATION REPORT

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

प्रथम खबर अहवाल

(कलम बी एन एस एस १७३ च्या अंतर्गत)



1. District (जिल्हा): नांदेड

P.S.(ठाणे): नांदेड ग्रामीण

FIR No.(प्रथम खबर क्र.): 0445

Year (वर्ष): 2025

Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 09/05/2025 23:07

S.No. (अ.क्र.)	Acts (अधिनियम)	Sections (कलम)
1	भारतीय न्याय संहिता (बी एन एस), 2023	281
2	भारतीय न्याय संहिता (बी एन एस), 2023	106(1)

3. (a) Occurrence of offence (गुन्ह्याची घटना):

1. Day(दिवस): बुधवार

Date From (दिनांक पासून): 23/04/2025

Time Period पहर 4

Date To (दिनांक पर्यंत): 23/04/2025

(कालावधी):

Time From (वेळेपासून): 11:00 बजे

Time To (वेळेपर्यंत): 11:00 बजे

(b) Information received at P.S. (माहिती मिळालेले पोलीस ठाणे):

Date (दिनांक): 09/05/2025

Time (वेळ): 22:56 बजे

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. (नोंद क्र.): 071

Date & Time (दिनांक आणि वेळ): 09/05/2025 22:56 बजे

4. Type of Information (माहितीचा प्रकार): Oral

5. Place of Occurrence (घटनास्थळ):

1.(a) Direction and distance from P.S.(पोलीस ठाण्यापासून दिशा व अंतर):

पश्चिम, 1 किमी

Beat No. (बिट क्र.):

(b) Address (पत्ता): ढवळे कॉर्नर ते चंदासिंग, जाणारे रोडवर ता जि नांदेड

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

(या पोलीस ठाण्याच्या हद्दीबाहेर असल्यास):

Name of P.S.(पोलीस ठाण्याचे नाव):

District(State) (जिल्हा(राज्य)):

6. Complainant / Informant (तक्रारदार/माहिती देणारा):

(a) Name (नाव): सारीका दुलबाजी कुंभार

(b) Father's/Husband's Name (वडील / पती चे नाव):

(c) Date/Year of Birth (जन्म तारीख/वर्ष): 1993

(d) Nationality (राष्ट्रीयत्व): भारत

(e) UID No. (यु.आय.डी. क्र.):

(f) Passport No. (पारपत्र क्र.):

Date of Issue (दिल्याची तारीख):

Place of Issue (दिल्याचे ठिकाण):

(g) ID details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN) ओळखपत्र विवरण (राशन कार्ड, मतदाता कार्ड, पासपोर्ट, यूआईडी सं., ड्राइविंग लाइसेंस, पॅन कार्ड)

S.No. (अ.क्र.)	ID Type (ओळखपत्राचा प्रकार)	ID Number (ओळखपत्राचा क्रमांक)
1		

(h) Address (पत्ता):

S.No. (अ.क्र.)	Address Type (पत्त्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पता	काकांडी नांदेड, नांदेड, नांदेड ग्रामीण, नांदेड, महाराष्ट्र, भारत
2	स्थायी पता	काकांडी नांदेड, नांदेड, नांदेड ग्रामीण, नांदेड, महाराष्ट्र, भारत

(i) Occupation (व्यवसाय): गृहिणी

(j) Phone number (फोन नं.):

Mobile (मोबाइल नं.): 91-9860608171

7. Details of known/suspected/unknown accused with full particulars (माहीत असलेल्या / संशयित/अनोळखी आरोपीचा संपूर्ण पत्ता):

S.No. (अ.क्र.)	Name (नाव)	Alias (उर्फनाव)	Relative's Name (नातेवाईकाचे नाव)	Present Address (वर्तमान पता)
1	होडा सिटी कंपनीची कार क्रमांक MH-02-AU-0443 चा चालक नाव गाव माहीत नाही			1. माहीत नाही, नांदेड ग्रामीण, नांदेड, महाराष्ट्र, भारत

8. Reasons for delay in reporting by the complainant/informant (तक्रारदार/माहिती देणा-याकडून तक्रार करण्यातील विलंबाची कारणे):**9. Particulars of properties of interest (संबंधीत मालमत्तेचा तपशील):**

S.No. (अ.क्र.)	Property Category (मालमत्ता वर्ग)	Property Type (मालमत्ता प्रकार)	Description (वर्णन)	Value (In Rs/-) (मुल्य (रु.
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10 Total value of property (In Rs/-)

(चोरीस गेलेल्या मालमत्तेचे एकूण मुल्य (रु. मध्ये)):

11. Inquest Report / U.D. case No., if any

(इन्क्वेस्ट अहवाल/ अकस्मात मृत्यू प्रकरण क्र., जर असल्यास)):

S.No. (अ.क्र.)	UIDB Number (यु.आय.डी.बी.क्र.)
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12. First Information contents (प्रथम खबर हकीकत):

जबाब

दि. 09/05/2025

मी सारीका दुलबाजी कुंभार वय 32 वर्ष व्यवसाय घरकाम रा. काकांडी ता. नांदेड जि. नांदेड मो. 9860608171

समक्ष पोलीसठाणे नांदेडग्रामीण येथे हाजर येवुन जबाब देते, की मी वरील ठिकाणची राहणारी असुन मला एक मुलगा आहे मी घरकाम करते व माझे पती नामे दुलबाजी माधवराव कुंभार हे जया हुंडाई शोरूम मध्ये विस हजार रुपये पगारावर नोकरी करत होते सासुसासरे यांचे सोबत राहुन कुटुंबाचा उदरनीवाह करत असते.

दि. 23/04/2025 रोजी रात्री 11.00 वाजताचे सुमारास माझ्या पतीचा मित्र नामे राजेश रंगराव काळे रा. वडगाव यांचा माझे मोबाईल वर फोन आला की दुलबाजी माधवराव कुंभार हा व मी शोरूम मधील मित्राचा वाढदीवस साजरा करुन माझे मोटारसायकल क्रमांक. MH-26-BT-9135 ने आम्ही आमचे घराकडे निघालो आम्ही ढवळे कॉर्नर येथे आलो असता आमच्या पाठीमागुन एक होंडा सिटी कंपनीची कार जिचा पार्सींग क्रमांक MH-02-AU-0443 चा चालकाने जोराची पाठीमागुन धडक दिल्याने दुलबाजी च्या डोक्याला गंभीर मार लागला असल्याने आम्ही त्यास हॉस्पिटल मध्ये घेवुन जात आहे. व मला सुध्दा हाताला पायाला मारलागला आहेतुम्ही यशोसाई हॉस्पिटल येथे या असे सांगितले त्या वरुन माझे सासरे माहदु ऊर्फ माधवराव दुलबाजी कुंभार व सासु कांताबाई महादु ऊर्फ माधवराव कुंभार व शेजारी साईनाथ गनपतीकानोले असे मिळुन आम्ही यशोसाई हॉस्पिटल नांदेड येथे गेलो तेथील डॉक्टरानी तपासुन सरकारी दवाखाना विष्णुपुरी नांदेड येथे घेवुन जाण्यास सांगितले त्यावरुन आम्ही माझे पतीस दि. 24/05/2025 चे 02.00 वाजताचे सुमारास उपचारकामीसरकाररी दवाखाना विष्णुपुरी नांदेड येथे दाखल केले तेथे माझे पतीवर उपचार चालु असताना दि. 26/04/2025 रोजी सकाळी 08.30 वाजता उपचारा रदरम्यान माझे पती मरण पावले

तरी दि. 23/04/2025 रोजी वेळ अंदाजे 11.00 वाजताचे सुमारास माझे पतीचा मित्र राजेश रंगराव काळे यांची मोटारसायकल क्रमांक MH-26-BT-9135 वर माझे पती नामे दुलबाजी कुंभार असे दोघे मिळुन घराकडे येत असताना ढवळे कॉर्नर येथे आले असता त्यांचे पाठी मागुन कार क्रमांक MH-02-AU-0443 च्या चालकाने अपल्या ताब्यातील कारहायगाई व निष्काळजी पनाने चालवुन पाठीमागुन जोराची धडक दिल्याने माझ्या पतीस डोक्यास गंभीर मार लागुन मरण पावला त्याचे मरणस नमुदकार चालक करनीभुत झाला व मोटारसायकल चालवत असलेला पतीचा मित्र राजेश काळे यांना पण जखमी केले आज रोजी सर्व विधी व अस्थी विसर्जन करुन आज रोजी तक्रार देत आहे. म्हणुन त्याचे विरुध्द कायदेशीर कार्यवाही होणेस विनंती आहे.

वरील प्रमाणेचा माझा जबाब माझे सांगणे प्रमाणे संगनकावर टंकलीखित केला तो मी वाचुन पाहीला तो बरोबर व खरा आहे.

हा जबाब दिलासही

ज्ञानेश ए. भोसले
पोलीस उपनिरीक्षक
पो. स्टे. नांदेड (ग्रा)

13. Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2. (केलेली कारवाई: बाब क्र.२ मध्ये नमूद केलेल्या कलमान्वये वरील अहवालावरून अपराध घडल्याचे.)

(1) Registered the case and took up the investigation: (प्रकरण नोंदविले आणि तपासाचे काम हाती घेतले):

(2) Directed (Name of I.O.) (तपास अधिका-याचे नाव):

dnyaneshwar devidas matwad

Rank (पद): SI (Sub-Inspector)

or (किंवा)

No.(क्र.): 15101000402DD

to take up the investigation (ला तपास करण्याचे अधिकार दिले) or (किंवा)

(3) Refused investigation due to (ज्या कारणामुळे तपास करण्यास नकार दिला):

or (ज्या कारणामुळे तपास करण्यास नकार दिला)

(4) Transferred to P.S.

(गुन्हा दुसरीकडे पाठविला असल्यास त्या पोलीस ठाण्याचे नाव):

District (जिल्हा):

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. (प्रथम खबर तक्रारदाराला/खबरीला वाचून दाखविली, बरोबर नोंदविली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफत दिली.)

R.O.A.C.(आर. ओ .ए .सी.)

14 Signature/Thumb impression of the complainant / informant.

(तक्रारदाराची/खबर देणा-याची सही/अंगठा):

सरीख

15. Date and time of dispatch to the court (न्यायालयात पाठवल्याची तारीख व वेळ):

पोलीस ठाणे अंमलदार
पो. स्टे. नांदेड (ग्रा.)

Signature of Officer in charge, Police Station

(ठाणे प्रभारी अधिका-याची स्वाक्षरी)

Name (नाव): omkant anandrao ch

Rank(पद): I (Inspector)

No.(सं.): DGPOACM8201



G.P.A.-(Y) 108-(4,00,000 Copies)-12-2021

POLICE INFORMATION LETTER

Office of the :-

Dean, Dr. Shankarrao Chavan
Govt. Medical College & Hospital,
Vishnupuri, NANDED

Date : 26 / 04 / 20 25

To,

The P. I., Rural Police Station,
Cidco, NANDED.

This is for your information that following Patients are admitted Ward No.

Admit Dt.	MLC No.	Patient's Name & Address	Age/Sex	Diagnosis	Discharge/Expire Date
1) 25/04/25	RMCC	Dulbaji Madharao	35+/m	Head & Chest Injury	26/04/25
2) 3:06 pm	SICR	Kumbhar		with Multiple Hemorrhagic	at 8:30
3)	2858			Contusions and IAH with multiple	
4)		Bhalchandra Mandar		Right Rib # with right	

Please do the needful

R
26/4/25
9.15

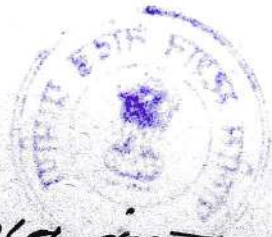
Hemorrhage with R-LCP
Injury

Your's

W/I/Dean

M. S. R.

ज्ञानेश ए. भोसले
पोलीस उपनिरीक्षक
पो. स्टे. नांदेड (ग्रा)



ਦੁਲਵਾਲੀ ਮਾਈਕਰਾਨ ਕੁੰਮਾਰ ਕਮ-36 ਕਮ-
 ਸ਼. ਭਾਂਡੀ ਲਾ. ਜੀ. ਗਾਇਤ:

Office of the
 Govt. Medical College & Hospital,
 Vishnupur, Nanded
 Date: 16/04/2022

ਮਾਈਕਰਾਨ ਕੁੰਮਾਰ ਕਮ-41

bc P.L. Rural Police Station
 CIDCO, Nanded
 This is for your information that following Patients are admitted Ward No.

Admitted	MIC No.	Patient's Name & Address	Age/Sex	Diagnosis	Discharge/Expire Date
12/04/22	214	...	...	...	...
12/04/22	215	...	...	...	...
12/04/22	216	...	...	...	...
12/04/22	217	...	...	...	...
12/04/22	218	...	...	...	...

21/4/22
 10.12



Form : II - A

CRIME DETAILS FORM

गुन्ह्याच्या तपशीलाचा नमुना/घटनास्थळ पंचनामा

1. *Distt नॉंदे *P.S. नॉंदे (अ) *Year 2025 *FIR No. 445 *Date 09/05/2025
जिल्हा पोलीस ठाणे वर्ष पहिली खबरक्र.तारीख
2. Act and Sections 106(1), 281 भा. व्या. मरिती 2023
अधिनियम व कलमे :
3. The Place of Occurrence shown by
घटनेचे ठिकाण दाखविणा-याचे :
Name : सरिका कुंभार Father's/Husband's Name : दुराजी कुंभार
नाव : पित्याचे / पतीचे नाव :
Address : रा. कांडी ता. त्रि. नॉंदे
पत्ता :
4. TYPE OF CRIME (All including M. O. Crime) :
गुन्ह्याचा प्रकार (गुन्ह्याच्या सर्व पद्धतीसह) :
(i) *Mejor Head मित्ताजी फो वहा घातु म. य. 2290 घातणे
प्रधान शीर्ष गौण शीर्ष (ii) *Mejor Head
(iii) *Method(s) :
पद्धती
1. वाहनाने धडक देऊन निवे मारणे
2.
3.
- (iv) *Conveyances used : MH 02 AU 0443 कार
वापरलेली वाहने :
- (v) *Character Assumed :
केलेले वेषांतर/केलेली बतावणी :
- (vi) *Language/Slang used : मराठी
वापरलेली भाषा/ बोली भाषा :
- (vii) *Special Feature-1 :
विशेष वैशिष्ट्ये-१ :
*Special Feature-2 :
विशेष वैशिष्ट्ये-२ :
*Special Feature-3 :
विशेष वैशिष्ट्ये-३ :
- (viii) *Type of Place of Occurrence :
घटनेच्या ठिकाणाचा प्रकार :
- (xi) *Type of Property Involved (4 Types) :
अंतर्भूत मालमत्तेचा प्रकार :
(1) (2)
(3) (4)

5. Particulars of the Victims (Attach Separatesheet if required) :

बळीचा तपशील (आवश्यक असल्यास स्वतंत्रकागदजोडावा) :

Sr. No. अ.क्र.	Full Name संपूर्णनाव	Date Year of Birth जन्मतारीख/ वर्ष	Sex लिंग	Nationality राष्ट्रीयत्व	Religion धर्म	Whether SC/ ST जाती/ जमाती	Occupation व्यवसाय	Address पत्ता	Injury Grievous/ Simple दुखापत गंभीर/ साधी	Means साधने/ हत्यारे
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1)	डुखलात्री माधवराव कुंभार	36	पुरुष	भारतीय	हिंदू	कुंभार	मंडी	कांढी ता.जि. नांदेड	मयत	

6. Motive of Crime :

गुन्ह्याचा हेतु :

(वाढ्याने) मोठार सायकलने चडक देऊन जिवे मारणे

7. Details of Properties Stolen/Involved [Use appropriate prescribed form (s) and attach] :

चोरीचा / अंतर्भुत मालमत्तेचातपशील (योग्यनमुना वापरावा व सोबतजोडावा) :

8. Description of the place of Occurrence :

घटनेच्या जागेचे वर्णन :

ग्रामी खालील पंचायत नांदेड ग्रामीण पोलीस स्टेशन च्या पोडपनि सोलाळे यांनी उक्ते ठळक येथे बोलवून पो.खे.नांदेड ग्रामीण येथील ठुल 445/2025 ठळक 106(1), 281 भा.न्या.सं. 2023 मधील गुन्ह्याची चौकळ्यात लढीत सांगून सहा गुन्ह्यामध्ये घटनास्थळ पंचनामा ठळकालाठी पंच म्हणून उपस्थित राहण्याची विनंती केल्याने ग्रामी पंच स्वमजीने उपस्थित झाले आणि व पंचनामा ठळक देतो तो पुढील प्रमाणे

/Continue



Description of the place of Occurrence (Contd.):
घटनेच्या जागेचे वर्णन (पुढे चालू) :

सदरचे घटनास्थळ हे नॉरीस ते उल्माननगर रोड अथवा सरचाराड हा हाथव आहे तसेच रोडवा डिव्हिडर अथवा सर रोडवर ठवले कोर्नल/रुमाई माता चौक अथवा पुर्वेकडून ठवले कोर्नल ते चंदासिंग कोर्नल कडे जाणारा रोड व पश्चिम ठवले कोर्नल ते कातूर अथवा जाणार रोड दक्षिणेस ठवले कोर्नल ते उल्माननगर रोड उत्तरेस ठवले कोर्नल ते इथ डेवरी जाणारा रोड अथवा न घटनास्थळाची चर्चलिमा आलीस उभा आहे

पूर्वेस : ठवले कोर्नल ते चंदासिंग कोर्नल जाणार रोड अथवा रोडच्या डाव्या बाजूस हे माट्टे चे वस स्थानक आहे

उत्तरेस : ठवले कोर्नल ते इथ डेवरी जाणार रोड व फुट पाथ आहे

पश्चिमेस : ठवले कोर्नल ते कातूर फेड्याकडे जाणार रस्ता

दक्षिणेस : उल्माननगर जाणारा हावे रोड आहे
सदर घटनास्थळाचे मुख्य संकेधाने वाळीडेने निरक्षर केले असता असे एक वस्तू मिळाले आहे आणि सदर घटनास्थळावर एक लेडीज ड्रेस अथवा तिला तिवे ठाव पड्याला झालता तिवे तिवे नाव सारिका दुकानाची कुत्रा असे सांगितले व सदर मुख्यान फियादी समज्याचे सांगितले मुख्यान मयत झालेले ते माझे पती दुकानाची माधवराव कुत्रा झाल्याचे सांगितले

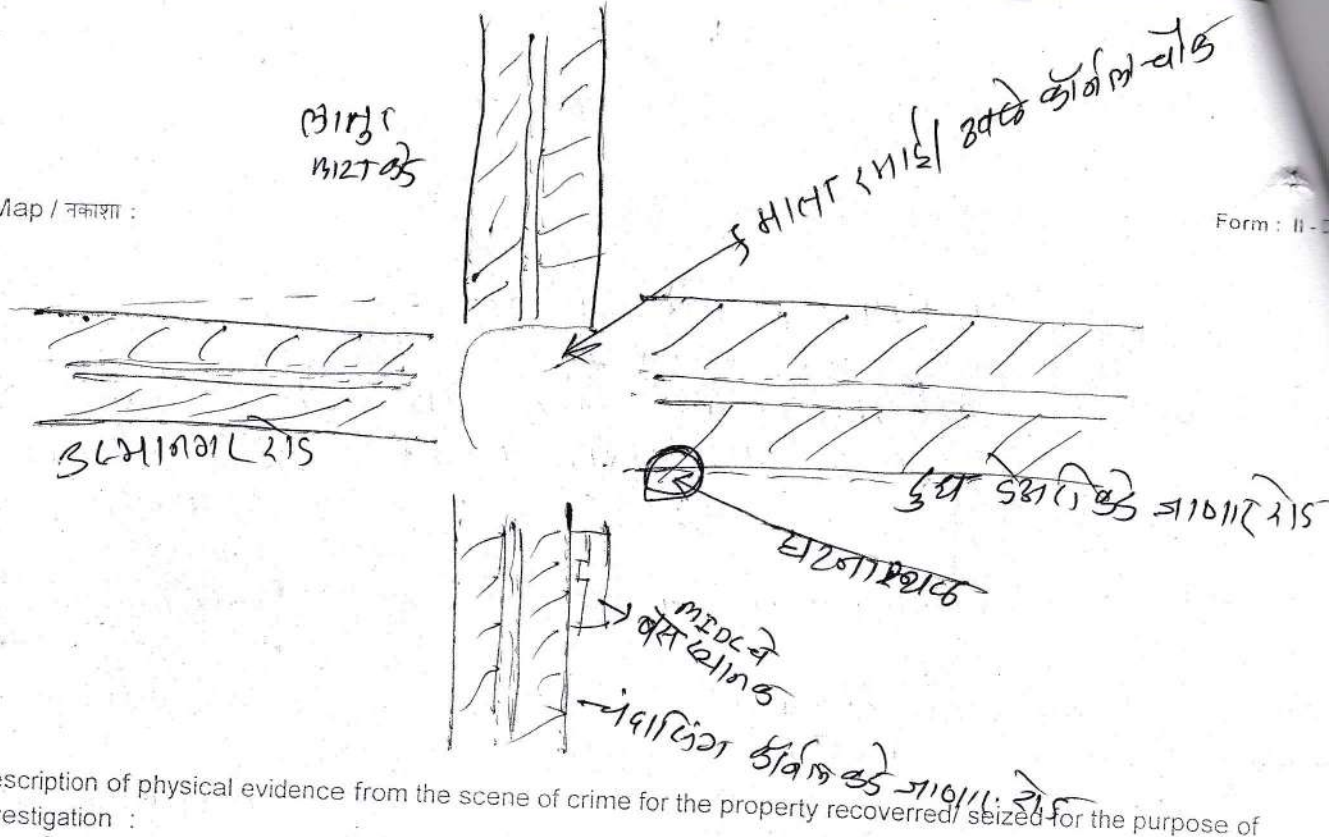
घटनास्थळावर पोलिसांनी कोठागिरी वस्तू ताब्यात घेतली जेथे सध्या सदरचे घटनास्थळ पंचनामा हा आता दि 11/05/2025 रोजी सवाळ्याचे 18.15 वा सुद्धा 18.41 वा व्हा कुठ्यात आला तो आमचे/पवाचे सांगणे उभा आहे व विलंब्या परीस्थित उभा आहे घटनास्थळावर पडपण/नायले याचे मोवाईल मधील अप मध घटनास्थळाचे लक्ष्शन घेतले ते

Lat 19.116289

Long 77.327262

ज्ञानेश्वर ए. भोसले
पोलीस उपनिरीक्षक
पो.स्ट. नांदेड (ग)

9. Map / नकाशा :



10. Description of physical evidence from the scene of crime for the property recovered/ seized for the purpose of investigation :
तपासकामी प्रत्यक्ष पुरावा म्हणून गुन्ह्याच्या जागेवरून मिळविलेल्या/ जप्त केलेल्या मालमत्तेचे वर्णन :

11. Date and Time of Panchanama :

घटनास्थळ पंचनाम्याची वेळ व दिनांक 11/05/2025 चे 18:13 वाजता ते 18:41 वाजता पर्यंत.

12. Name of Panchas :

पंचाची नावे : पंचाच्या सहाय्य :

Signature of Panchas :

(1) संभाजी भागवान मुगाटकर वय 29 वर्षे वय.

महुरी रा. संयोग डोंबेजच्या पश्चिमांगे विष्णूपुरी नांदे
मो. नं. 950360 9503160650

(2) उमाकांत गणेश घनेगावकर वय 40 वर्षे वय. महुरी

रा. वकीरामपूर ता. ति. नांदे मो. नं. 985041726

उमाकांत

Name and Signature of Investigation Officer

तपासीक अंमलदाराची सही

Name: राजेश्वर ए. मोपळे

Rank: पोडपाने B. No. if any :

पदनाम: पो. नि. नांदे व. नं.

Date: पो. नि. नांदे व. नं.

DR. SHANKARRAO CHAVAN GOVT. MEDICAL COLLEGE & HOSPITAL,
VISHNUPURI, NANDED, MAHARASHTRA-431606



DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

Provisional Post-mortem Report-Cum-Death Certificate

ML P.M. No. 541/2025 Date: 26/04/2025 Time: 11:30 A.m To: 12:30 p.m.
Name of the deceased: DULBAJI MADHAVRAO KUMBHAR.
Age: 36 years Sex: Male R/o. KAKANDI Tq. Dist. NANDED.
Time of death (as Per Police Inquest): 26/04/2025 at 08:30 hours.
Referred by Investigating Officer: A.S. I M.K. Gotamwad.
Brought and Identified by: P.C J.R. Thakur [B.no - 2756]
of Police Station: NANDED GRAMIN.

PROVISIONAL OPINION AS TO PROBABLE CAUSE OF DEATH:

"HEAD INJURY WITH BLUNT TRAUMA TO CHEST
WITH CERVICAL SPINE INJURY."

[Dr R.A. Shah] [Dr Anirudh Singh]

[Dr A.J. Pundge]
Post-mortem Officer
Dept. of Forensic Medicine
Dr. SCGMC & H
Vishnupuri, Nanded (M.S.)

Note:

☒ Viscera Preserved/Not Preserved.

☒ तपासी अधिकाऱ्यास सूचित करण्यात येते की, सदर प्रकरणातील मयताच्या जठर धुवण्याचा

(Stomach Wash) नमुना उपचार करणाऱ्या डॉक्टरांकडून ताब्यात घेऊन C.A. तपासणीसाठी पाठवावा.

(1) Original Certificate to concerned Police.

(2) Copy to relative of deceased (if Police decides so) through concerned Police.

(3) Form no. 2 and 4/4 A to concerned Police for death registration

शवचिकित्सेनंतर मृतदेह, पंचनाम्यातील नमूद कपडे व चीजवस्तू, तात्पुरता शवचिकित्सा अहवाल/
मृत्यू प्रमाणपत्राच्या दोन प्रति, नमुना क्र. २-ब-४/४-अ-ताब्यात मिळाले.

ताब्यात घेणाऱ्याचे नांव : -

सही : -

हुद्दा : -

ब.नं. : -

दिनांक : -

पोलीस स्टेशन : -

जमनेश्वर. ए. धोसाळे
पोलीस उपनिरीक्षक
ज. ये. नंदे (पण)

MLPM no:- 541/20

Date:- 26/04/25

Memorandum of a Post-mortem examination held at Dr S. C. G. M. C & H, Nanded.

Dispensary
Hospital

On the dead body of **DULBAJI**
MADHAVRAO
KUMBHAR
Taluka **NANDED** District **NANDED**

Village
City **KAKANDI**

by Dr A. J. Pundge
Dr Anirudh Singh
Dr R. A. Shah



I. General Particulars—

1. (a) By whom was the corpse sent?

A.S.I M.K. Gotamwad.
P.S - Nanded Gramin.

- (b) Name of place from which sent.

- (c) Distance of place from which sent.

Dr S. C. G. M. C & H, Nanded.

2. By whom was the corpse brought?

3. By whom identified?

P.C J.R. Thakur [B.no-2756]

4. The date, hour and minute of its receipt.

26/04/2025 at 11:20 A.m.

- (a) The date, hour and minute of beginning post-mortem examination.

26/04/2025 at 11:30 A.m.

- (b) The date, hour and minute of ending post-mortem examination.

26/04/2025 at 12:30 p.m.

5. Substance of accompanying Report from Police Officer or Magistrate, together with the date of death if known. Supposed cause of death or reason, for examination.

As per police inquest and requisition letter alle
History of road traffic accident on 24/04/25
at 02:00 hours, initially taken to Yashogai
Nanded, and then was brought to Dr S.C.G.
& H, Nanded, where died during treatment
26/04/2025 at 08:30 hours.
Supposed cause of death :- Severely injured in
road traffic accident.

ज्ञानेश्वर ए. भोसले
पोलीस उपनिरीक्षक
पो. से. नांदेड (ग्राम)

MLPM no:- 541/20

Date:- 26/04/25

Memorandum of a Post-mortem examination held at Dr S. C. G. M. C & H, Nanded.

Dispensary
Hospital

On the dead body of **DULBAJI**
MADHAVRAO
KUMBHAR
Taluka **NANDED** District **NANDED**

Village
City **KAKANDI**

by Dr A. J. Pundge
Dr Anirudh Singh
Dr R. A. Shah



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ज्ञानेश्वर ए. भोसले
पोलीस उपनिरीक्षक
पो. से. नांदेड (ग्राम)

M.R.D. / I.P.D no of Dr S.C.G.M.C & H :- 25/I/28771

6. If not examined at
Dispensary or Hospital—

Date of admission :- 25/04/2025 at 03:20 pm

Diagnosis :- C/O RTA with head and chest injury with multiple haemorrhagic contusion with SAH, with multiple right rib fracture with right haemothorax with right clavicle fracture with right ICD insitu

(a) Name of place where examined.

(b) Distance from Dispensary or Hospital—

(c) Reason why the body was not sent to the Dispensary or Hospital—

Not applicable.

II. External Examination—

7. Sex, apparent age, race or caste. Male, 36 years old.

Description of clothes and of ornaments on the body.

Multi colour blanket, adult diaper, hospital label on dorsum of left foot.

8. Condition of the clothes—whether wet with water, stained with blood or soiled with vomit or faecal matter.

Dry, intact and handed over to police constable on duty.

9. Special marks on the skin such as scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth.

Body identified by police on duty.

Teeth = 16/16.

In newly born infants, the length and (if possible) the weight of the body to be recorded together with the state of the hair, nails and umbilical cord, its length, whether placenta is attached or not, if present, its size and condition.

Not applicable



10. **Condition of body**— whether well-nourished, thin or emaciated, warm or cold.

Average in built, cold.

11. **Rigor Mortis**—Well Marked, slight or absent; whether present in the whole body or part only.

Well marked in jaws, neck, upper limbs and slightly present in whole body.

12. **Extent and signs of decomposition.** presence post-mortem lividity of buttocks, loins, back and thighs or any other part. Whether bullae present and the nature of their contained fluid. Condition of the cuticle.

No signs of decomposition.

Post mortem lividity present over posterior aspect of body except pressure areas, not fixed.

13. **Features**—Whether natural or swollen, state of eyes, position of tongue; nature of fluid (if any) oozing from mouth, nostrils or ears.

Facial features :- Natural and identifiable.

Eyes :- Close, periorbital hematoma of right eye.

No. Pupils :- Dilated and fixed.

Mouth :- Partially close

Tongue :- Inside mouth.

No oozing from nostrils, mouth or ears.

14. **Condition of skin**— Marks of blood etc. In suspected drowning the presence or absence of cutaneous area to be noted.

Dry.

Signature
जानेश ए. भासले
पोलीस उपनिरीक्षक
पो. से. नांदेड (पा.)

15. Injuries to external genitals. Intact, no injuries to external genitals.
Indication of purging. No purging present.

16. Position of limbs—Semi-flexed.

Especially of arms and of fingers in suspected drowning the presence or absence of sand or earth within the nails or on the skin of hands and feet.

17. Surface wounds and injuries—Their nature, position, dimensions (measured) and direction to be accurately stated—their probable age and causes to be noted.

If bruises be present what is the condition of the subcutaneous tissues?

(N.B.—(When injuries are numerous and cannot be mentioned within the space available they should be mentioned on a separate paper which should be signed).

18. Other injuries discovered by external examination or palpation as fractures etc.

① Sutured wound present over right forehead, on lateral aspect of right eyebrow, of size length 6cm with 6 blue colour sutures present in situ, vertically placed, on removing sutures, laceration of size 5cm x 1cm x bone deep, with underlying frontal bone fracture, fracture line running obliquely upwards and backwards towards squamous suture, margins of laceration and fracture, irregular and infiltrated with blood, red in colour.

② Sutured wound present over right cheek over zygomatic region, of length 7cm with 7 blue colour sutures present, vertically placed extending upto right maxillary region, on removing sutures, laceration of size 5.5cm x 0.5cm x muscle deep, margins irregular and infiltrated with blood, red in colour.

③ Multiple abrasion present over right side of arm, extending from distal 1/3rd of arm to proximal 1/3rd part right forearm, in an total area of size 9cm x 3cm, sizes of abrasion varying from 0.5cm x 0.3cm to 4cm x 0.8cm obliquely placed, red in colour.

[Continuation on extra sheet no ① page no ①.]

↳ Intact, no palpable fracture present.

- (a) Can You say definitely that the injuries shown against serial Nos. 17 and 18 are ante mortem injuries?

↳ Yes. ante mortem.



[Continuation of column no. 17] Extrasheet no ①.

- ④ Linear abrasion present over right thigh, lateral ~~border~~ aspect extending from middle $\frac{1}{3}$ rd of thigh upto right knee, lateral aspect of size $14\text{cm} \times 0.5\text{cm}$, vertically placed, reddish-brown in colour
- ⑤ Abrasion present over right knee, upper $\frac{1}{3}$ rd part, of size $3\text{cm} \times 1\text{cm}$, obliquely placed, reddish-brown in colour
- ⑥ Multiple petechial haemorrhages present on torso, extending from axilla to flank region, on both side, in an area of size $20\text{cm} \times 10\text{cm}$, respectively, bluish-red in colour
- ⑦ Contusion present over left arm, extending from middle $\frac{1}{3}$ rd part to distal $\frac{1}{3}$ rd part, of size $4\text{cm} \times 2\text{cm}$, obliquely placed, bluish in colour, on medial aspect of left arm.
- ⑧ Abrasion present over left hand, dorsal aspect, on base of left thumb, of size $0.8\text{cm} \times 0.5\text{cm}$, obliquely placed, reddish brown in colour
- ⑨ Therapeutic intravenous cannula mark present over :-
 - ① Right hand dorsal aspect of hand, red in colour
 - ② Left hand dorsal aspect of hand, red in colour.
- ⑩ Therapeutic intravenous catheter mark present over right thigh antero-medial aspect, red in colour, suggestive of therapeutic femoral line [peripheral intravenous line].
- ⑪ Therapeutic incised wound present over right side on chest in anterior axillary line, of size $3\text{cm} \times 0.5\text{cm} \times$ cavity deep, vertically placed, margins clean cut, red in colour, suggestive of therapeutic intracostal drainage tube, insertion site.

Signature
[Dr R. A. Shah]
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri, Nanded-431606

Signature
[Dr Anirudh Singh]
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri, Nanded-431606.

Signature
[Dr A. J. Pundge]
Assistant Professor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College
Vishnupuri, Nanded-431606

Signature
मानश ए. भोसल
पोलीस उपनिरीक्षक
पो.स्ते.नांदेड (जा)



III. Internal Examination—

19. Head—

(i) Injuries under the scalp. their nature.

Under scalp ~~Diffuse~~ contusion present over right side parieto-temporo-occipital region, of size 16cm x 10cm, dark red and yellowish in colour, haemorrhage present in right temporalis muscle

(ii) Skull—Vault and base—describe fractures, their sites, dimensions, directions, etc.

① Linear fracture present on right temporal bone of length 2.5cm, running upwards, obliquely placed in direction toward squamous suture and continuing as squamous sutural fracture, fracture margins irregular and infiltrated with blood, red in colour

(iii) Brain—The appearance of its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted (weight M. 3 grams F. 2.75 grams).

Meninges :- Intact and congested.

Brain :- Diffuse sub dural haemorrhage and sub arachnoid haemorrhage present, intact, congested and markedly oedematous.

20. Thorax—

(a) Walls, ribs, cartilages

① Fracture of ribs on right side from 1st to 8th rib, on anterior aspect, fracture margins irregular and infiltrated with blood, red in colour

(b) Pleura

(c) Larynx, Trachea and Bronchi.

② Fracture of clavicle, right side, at the junction of medial 2/3rd lateral 1/3rd, fracture margins irregular and infiltrated with blood, red in colour

(d) Right Lung

(e) Left Lung

(f) Pericardium

(g) Heart with weight

(h) Large Vessels

(i) Additional remarks.

Intact, no free fluid foreign bodies present.

Both lungs intact, congested and markedly oedematous, on section frothy blood coming out.

Intact, no free fluid present.

Intact blood and blood clots present.

Nil.

ज्ञानेश ए. भोसले
पोलीस उपनिरीक्षक
पो. स्टे. नांदेड (ग्रा)

21. Abdomen—

Walls

Peritoneum

Cavity

Intact, no free fluid present.

Buccal Cavity, teeth, tongue
and Pharynx.

Oesophagus

Intact, no foreign bodies present.

Stomach and its contents

Intact, about 20 ml yellow viscous fluid, medicinal
smell, mucosa intact and congested.Small intestine and its
contents.Large intestine and its
contents.

Intact, partially filled with gases and faeces.

Liver (with weight) and gall
bladder.

Pancreas and Suprarenals

Spleen with weight

Kidneys with weight

Intact and congested.

Bladder Intact, pale congested and empty.

Organs of generations Intact

Additional remarks with
where possible, medical
officer's deduction from the
state of the contents of the
stomach as to time of death
and last meal. Not commentable.State which viscera (if any)
have been retained for
chemical examination and
also quote the numbers on
the bottles containing the
same. Viscera and other than viscera articles not preserved.



Transverse fracture of cervical vertebra three (3rd) and four (4th) extending from right side on body of vertebra towards left side obliquely placed, with left transverse process fracture of both cervical vertebra 3rd and 4th, underlying spinal cord compressed and contused, with haemorrhage present in surrounding tissue.

Opinion as to the cause
probable cause of death.

"Head injury with blunt trauma to chest with cervical spine injury."

Shah

[Dr R. A. Shah]

Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri,Nanded-431606

Anirudh Singh

[Dr Anirudh Singh]

Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri,Nanded-431606

Sumda

[Dr A. J. Pundge]

Assistant Professor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College
Vishnupuri,Nanded-431606

Dated

26/04/2025.

(Signature)

*This Spinal Cord need not be examined unless there are any indications of disease, Strychnia poisoning or injury.

Note— The report must be written and signed immediately after the examination. Medical Officers will at once despatch a duplicate copy to the Civil Surgeon of their district for record in his office.

Great care should be taken not to cut the viscera before they have been inspected in situ.

DR
जानेश्वर ए. भोसले
पोलीस उपनिरीक्षक
पो. स्टे. नांदेड (ग्रा)

MLPM No. 541/2025

8

Date :- 26/04/2025

Dispensary
Place Civil Hospital

Dr S.C.G.M.C & H, Nanded

Forwarded to the Police Sub-Inspector Nanded Gramin

for information with reference to his No. RMLC/2858/25

of 25/04/2025

2. Viscera has been preserved. It may please be stated *Immediately* whether examination by the Chemical Analyser is necessary or it is to be destroyed.

As per

[Dr R. A. Shah]
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College,
Vishnupuri, Nanded- 431606

Am Singh
[Dr Anirudh Singh]
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College,
Vishnupuri, Nanded- 431606

Amund
[Dr. A. J. Pundge]
Civil Assistant Professor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College
Vishnupuri, Nanded-431606

Copy forwarded with compliments to the Civil Surgeon.

for information.

M. M. S. Officer



Seen and examined by the Civil Surgeon.

2)

Remarks of the Civil Surgeon.

(if any)

Civil Surgeon



Psi Bhosale Garmin

Today at 09:02



34



मानेश ए. भोसले
पोलीस उपनिरीक्षक
पो. स्टे. नांदेड (प्रा)


MAGMA
General Insurance Limited

DEVELOPMENT HOUSE, 24 Park Street, Kolkata -700016

(www.magmaininsurance.com)

IRDA REG NO. 149 DATED 22nd MAY, 2012

CIN: U66000WB2009PLC136327

In case of any query, assistance or claims, please contact us at 1800 266 3202

UIN: IRDAN149RP0003V01201213

PRIVATE CAR LIABILITY ONLY

Date: 08/03/2025

To,
Mr TOFIK SHAIKH RAFIK
S/O SHAIKH RAFIK, KAMATHA KHU TA.JI.NANDED, KAMATHA KHU, NANDED, MAHARASHTRA
431605
NANDED
MAHARASHTRA 431605
Mobile:9850778664



P0025100023/4190/164783/431605

Agent/ Intermediary Name and Code:POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED BRC0000434

Sub: Risk Assumption Letter

Dear Sir /Madam,

Thank you for choosing Magma General Insurance Limited as your preferred General Insurance Company. Please find enclosed Policy No. P0025100023/4190/164783, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr TOFIK SHAIKH RAFIK
Period of Insurance	10/03/2025 TO 09/03/2026
Vehicle Make/Model	HONDA / CITY ZX CVT
RTO	MUMBAI
Vehicle Registration No.	MH 02 AU 0443
Vehicle Registration Date	25/08/2006
Engine No.	L15A300886
Chassis No.	MAKGD851F6N33286

The information received from you is reproduced in the proposal attached with this Risk Assumption Letter and your proposal has been processed accordingly:

Coverage of risk is subject to realisation of the full premium post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

If you require any changes in the certificate of insurance cum policy schedule, you are requested to inform us by either writing to us at customercare@magmaininsurance.com or calling our toll free helpline on 1800 266 3202. Absence of any communication from you in this regard within a period of 20 days of date of this letter, would mean that the issued policy is in order and as per your proposal. The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered as null and void without the same.

Dear Customer, Magma General Insurance Limited may be storing your AML/KYC details and might require you to update the information submitted from time-to-time, in accordance with and requirements under the Master Guidelines on Anti-Money Laundering/ Counter Financing of Terrorism (AML/CFT), 2022 issued by the Insurance Regulatory Development Authority of India.

Thanking You,
Regards

For Magma General Insurance Limited

Authorised Signatory

ज्ञानेश्वर ए. भोसले
पोलीस उपनिरीक्षक
पो.स्टे.नांदेड (ग्रा)



DEVELOPMENT HOUSE, 24 Park Street, Kolkata - 700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0003V01201213

PRIVATE CAR LIABILITY ONLY
CERTIFICATE OF INSURANCE CUM SCHEDULE / TAX INVOICE

Policy Servicing Office	UNIT NO. 63, 6TH FLOOR, DER DEUTSCHE PARKZ, NEAR NAHUR RAILWAY STATION, BHANDUP, MUMBAI - 400078, MAHARASHTRA, PH: (1800) 2663202		
Policy No	P0025100023/4190/164783		
Insured Address	Mr TOFIK SHAIKH RAFIK S/O SHAIKH RAFIK, KAMATHA KHU TA.JI.NANDED, KAMATHA KHU, NANDED, MAHARASHTRA 431605 NANDED MAHARASHTRA 431605 Mobile: 9850778664 9850778664 SKINSURANCE3@GMAIL.COM Unregistered		
Contact Number	9850778664		
Email ID:	SKINSURANCE3@GMAIL.COM		
GST Number	Unregistered		
Period Of Insurance	00:00 Hrs of 10/03/2025 To Midnight of 09/03/2026 BRC0000434 support@pbpartners.com 1800120800		
Agent No.:			
Email ID:			
Toll Free No.:			

Registration No. & RTA Location	Trolley Serial ID	Trolley Chassis No.	Year of Manufacture	Type of Body	Make/Model of Vehicle	Engine no	Chassis no	CC	SEATING CAPACITY
MH 02 AU 0443/ MUMBAI			2006	SALOON	HONDA/ CITY ZX CVT	L15A300886	MAKGD851F6N33286	1497	5

LIABILITY									
LIABILITY(B)									
Basic - TP									₹
PA Owner Driver - SI Rs.1500000 Tenure 1 Year(s)									3,416.00
Personal Accident Cover-Unnamed (SI 100000 Per Persons)									375.00
PA Paid Drivers, Cleaners and Conductors									250.00
Sub Total									50.00
									4,091.00

Premium Computation									
Total Liability Premium									4,091.00
CGST @ 9%									368.19
SGST @ 9%									368.19
TOTAL									4,827.00

Disclaimer: The Exclusions in this policy are as specified in the pre inspection report ID :

LIMITATIONS AS TO USE - As per Motor Vehicles Rules, 1989.

The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward, b) Carriage of goods (other than samples or personal luggage), c) Organized racing, d) Pace making, e) Speed testing, f) Reliability Trials, g) Any purpose in connection with Motor Trade

DRIVERS 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 the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

LIMITS OF LIABILITY

Under Section I	Excess in respect of each and every claim under Sec I of motor policy	Under Section II-I (i)	In respect of any one accident - As per Motor Vehicle Act	Under Section II-I (ii)	Damage to Third Party Property Rs. 750000/- in respect of any one claim or series of claims arising out of one event.	Under Section III	PA Owner - Driver as per premium computation table
Compulsory	Voluntary	Total					

Subject to I.M.T Endorsement Nos. IMT 15, IMT 16, IMT 17

Pollution Under Control (PUC)

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate at the time of issuance of policy.

NOMINATION DETAILS

Name Of the Nominee	Date of Birth of Nominee	Age of Nominee	Relationship	Percentage
RAFIK	08/03/1965	60	Father	100

I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of chapter X and chapter XI of M.V. Act, 1988.

Premium Collection Details :- [Collection No - Receipt Date - Amount] :- P/100023/25/101015637- 08/03/2025, ₹ 4827

Premium Amount in Word's (i) :- Four Thousand Eight Hundred Twenty-Seven Only

In case of Claims, please contact us at 1800 266 3202

Date of Issue : 08/03/2025

Place : Kolkata

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1289, dated 09.08.2024

GST Number of Magma - 27AAGCM1685C1Z1

GST Invoice Number - POL2703250003655

GST Invoice Date - 08/03/2025

Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply: MAHARASHTRA (27)

Whether Tax is payable on Reverse Charge - No

UIN : IRDAN149RP0003V01201213

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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 Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation English version will be good. Please note that any misrepresentation, non disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non consideration of claim, if any.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year.

For Complete details of coverage, terms, conditions & exclusion please refer the standard policy wording attached with this schedule

IMPORTANT - 1) The Validity of this Certificate of Insurance cum Schedule is subject to realisation of the premium cheque.

2) No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous policy.

3) This document is digitally signed, hence counter signature / stamp is not required.

For Magma General Insurance Limited

Mayank Tandon

Authorised Signatory



DEVELOPMENT HOUSE, 24 Park Street, Kolkata - 700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0003V01201213

PRIVATE CAR LIABILITY ONLY		CERTIFICATE OF INSURANCE CUM SCHEDULE / TAX INVOICE	
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Policy No	P0025100023/4190/164783	Period Of Insurance	00:00 Hrs of 10/03/2025 To Midnight of 09/03/2026
Insured Address	Mr TOFIK SHAIKH RAFIK S/O SHAIKH RAFIK, KAMATHA KHU TAJI.NANDED, KAMATHA KHU, NANDED, MAHARASHTRA 431605 NANDED MAHARASHTRA 431605 Mobile:9850778664 9850778664 SKINSURANCE3@GMAIL.COM	Agent No.:	BRC0000434
Contact Number	9850778664	Email ID:	support@pbpartners.com
Email ID:	SKINSURANCE3@GMAIL.COM	Toll Free No.:	1800120800
GST Number	Unregistered		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION									
Registration No. & RTA Location	Trolley Serial ID	Trolley Chassis No.	Year of Manufacture	Type of Body	Make/Model of Vehicle	Engine no	Chassis no	CC	SEATING CAPACITY
MH 02 AU 0443/ MUMBAI			2006	SALOON	HONDA/ CITY ZX CVT	L15A300886	MAKGD851F6N33286	1497	5

LIABILITY	
LIABILITY(B)	
Basic - TP	3,416.00
PA Owner Driver - SI Rs.1500000 Tenure 1 Year(s)	375.00
Personal Accident Cover-Unnamed (SI 100000 Per Persons)	250.00
PA Paid Drivers, Cleaners and Conductors	50.00
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DRIVERS 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 the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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Subject to I.M.T Endorsement Nos. IMT 15, IMT 16, IMT 17

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Premium Amount in Word's () :- Four Thousand Eight Hundred Twenty-Seven Only

In case of Claims, please contact us at 1800 266 3202

Date of Issue : 08/03/2025

Place : Kolkata

For Magma General Insurance Limited

Mayank Tandon

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1289, dated 09.08.2024

GST Number of Magma - 27AAGCM1685C121

GST Invoice Number - POL2703250003655

GST Invoice Date - 08/03/2025

Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply: MAHARASHTRA (27)

Whether Tax is payable on Reverse Charge - No

UIN : IRDAN149RP0003V01201213

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

IMPORTANT NOTICE

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2) No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous policy.

3) This document is digitally signed, hence counter signature / stamp is not required.

Authorised Signatory

CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sr No	Particulars	Description (Please refer to the Policy Clause Number in next column)
1	Product Name	PRIVATE CAR LIABILITY ONLY
2	Policy Number	P0025100023/4190/164783
3	Unique Identification Number (UIN)	UIN: IRDAN149RP0003V01201213
4	Insured by IRDA	
5	Structure	Indemnity
6	Interests Insured	Vehicle Third Party liability Third party property Damage Unnamed Personal Accident Cover Personal Accident cover - Driver
7	Sum Insured / Motor Insured Declared Value Scope	Vehicle Total IDV *IDV illustration as shown in the CIS
8	Policy Coverage	As mentioned in policy schedule Personal Accident Cover-Unnamed (SI 100000 Per Persons) PA Owner Driver -SI Rs. 1500000 Tenure 1 Year(s) Basic - TP PA Paid Drivers, Cleaners and Conductors Damage to Third Party Property Rs. 750000
9	Add-on Cover	
10	Loss Participation	We will not pay the amount mentioned as deductible in the policy. GENERAL EXCEPTIONS (Applicable to all Sections of the Policy)
11	Exclusions	Each vehicle should be used only for the purposes listed in the RC. We won't cover any loss, damage, or liability if the vehicle is used for other purposes or driven by someone who isn't an approved driver. Check the driver's clause for details. Nuclear radiation related damages are not covered We won't cover any accidental loss, damage, or liability related to war, invasion, civil unrest, and you will need to prove your claim is unrelated to these issues to receive payment.
12	Special Conditions and Warranties (if any)	<p>CONDITIONS</p> <p>Please read the policy wording and the policy schedule together. The words and expressions mean the same whether it appears in either of the document</p> <ul style="list-style-type: none"> •Immediately inform us if the insured vehicle meets with an accident or there is a situation for which you would want to claim. Be transparent and submit all communications that you may receive from a third party. If you suspect any legal action related to your claim do inform us in advance •We will manage the claim process on your behalf. Do provide any information that we may need •We can either repair, replace, or pay the cash value for the vehicle or its parts. The amount we will pay is limited to: <ul style="list-style-type: none"> (a) For a total loss: the vehicle's Insured Declared Value (IDV) minus the value of the wreck. (b) For partial losses: the reasonable repair or replacement costs, minus depreciation. •Please maintain and protect the vehicle. Leaving it unattended after a break down or using in damaged condition can cause further damage which will not be paid. We expect you will allow us to speak to the driver and your employees if required •This policy can be cancelled by you any time by giving us a 7 days' notice in advance. We will refund the premium that you had paid after collecting short period charges. In the rare event, if required we can also cancel the policy but by sending a 7 days' notice. We will refund the premium after deducting the amount for the period your policy was active. •If you will try to claim under other policies for the same incident, we will share the cost proportionately •You and the other party can agree to resolve any disputes about this policy through arbitration, following the rules of the Arbitration and Conciliation Act, 1996. (This doesn't apply to retail customers.) •You must follow all the terms and conditions and provide truthful information in the proposal form. If not followed the Company is not obligated to make any payments. •If you are the only person insured by the policy and you pass away, the policy won't end right away. It will remain active for three months from the date of your death, or until it expires, whichever comes first. During this time, your legal heirs can either transfer the policy to their name or get a new one for the vehicle. They need to apply within the three-month period and provide: <ul style="list-style-type: none"> a) The Insured's Death Certificate b) Proof of ownership of the vehicle c) The original Policy •You need to inform us in writing as soon as an accident or loss happens. •We must have a chance to inspect the damaged vehicle before any repairs are started. •If your vehicle meets with an accident or gets damaged, do not drive it in the same condition to avoid further damage. Also, don't leave it unattended without securing it adequately to prevent further loss. <p>INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT</p> <p>Accident Claims</p> <ul style="list-style-type: none"> •Duly signed claim form •Registration Certificate* of the vehicle •Driving license* of the driver at the time of accident •Police panchanama / FIR, if accident reported to the police •Original estimate of repairs •KYC documents •Fitness certificate of the vehicle (for commercial vehicles) •Road permit of the vehicle (for commercial vehicles) •Goods receipt/ Lorry Receipt of the vehicle (for commercial vehicles) •FIR in case of Riots, Strike & Malicious acts. It is mandatory •Original repair invoice with payment receipt after repairs have been completed <p>Theft of Entire Vehicle Claims</p> <ul style="list-style-type: none"> •Duly signed Claim Form •FIR Copy •RTO transfer papers* (Form 28, 29 and 30) and •Form 35/NOC signed by financier, if applicable •Letter of subrogation •KYC documents •NOC from financier, if hypothecation exists •Copy of intimation letter to RTO on the vehicle theft •Original policy document •Non traceable certificate •Original vehicle registration certificate •All original keys of the vehicle/service book/original purchase invoice •Original documents to be shown when requested by the company <p>If we need any more documents that can assist the claim process, we will seek your help on getting those</p> <p>We will process your claim within 7 days after receiving all the necessary documents. If we decide to deny your claim, we will do so within 7 days of the Survey Report or any additional reports, following the IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and any updates to these regulations.</p>



ज्ञानेश्वर ए. भोसले
पोलीस उपनिरीक्षक
पो.स्टे.नांदेड (शा)

Sample Claim Calculation Process for Motor Repair Loss				
Parts Allowed	Price (P)	Tax (T)	*Depreciation (D)	Total Assessed Value (V)
Replaced Parts M	A1	B1	D1	M1=A1+B1-D1
Replaced Parts R	A2	B2	D2	M2=A2+B2-D2

Total Parts Cost				M = M1+M2+M3
Labour Allowed	Price (P)	Tax (T)	*Depreciation (D)	Total Assessed Value (V)
Labour 1	a1	b1	d1	L1=a1+b1-d1
Labour 2	a2	b2	d2	L2=a2+b2-d2
Labour 3	a3	b3	d3	L3=a3+b3-d3
Total Labour Cost				L = L1+L2+L3
Compulsory Policy Excess				As per Policy
Voluntary Policy Excess				As opted by Insured
Spot Repair / Towing Charge				As per policy Section 1. Point 3, 4
Total Insurer Liability				Total Liability = M+L+T-C-V

•Depreciation %


Depreciation will apply according to Section 1 of the policy conditions and the current policy terms.

•Salvage

We won't take any salvage costs directly from you. We'll handle the disposal ourselves. If you want to keep the salvage, we'll subtract its value from your total claim and pay you the rest.

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Policy Servicing - Claim Intimation and Processing

Here's how you can reach us: our helpline is available 24/7. Feel free to contact us whenever you need!	Toll Free No- 1800 266 3202
Website	https://www.magmaininsurance.com/
Email	customercare@magmaininsurance.com
	Chat with us at www.magmaininsurance.com Or WhatsApp on 7208976789
For Senior Citizens	Namaskar@magmaininsurance.com
Social media	Facebook and LinkedIn

Office Address: To know your nearest branch visit www.magmaininsurance.com >> Contact Us >> Locate Us
<https://www.magmaininsurance.com/more/contact-us?f=b>

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Grievances Redressal and Policyholders Protection

For redressal of grievance you may contact:

Level 1: Grievance Redressal Officers at our branches available at www.magmaininsurance.com >> Contact Us >> Grievance Redressal
<https://www.magmaininsurance.com/documents/d/magmaininsurance/branch-grievance-officer-list>

Level 2: gro@magmaininsurance.com

Level 3: Raise a complaint with the Insurance Regulatory and Development Authority (IRDAI)
 Call us on our toll-free number 1800 266 3202 To register complaint online log on to www.bimabharosa.irdai.gov.in

Level 4: If you are still dissatisfied with the resolution offered by us you have the option to contact the Office of the Insurance Ombudsman

To know the guidelines, log on to www.cioins.co.in/About

To check list of Insurance Ombudsman Offices, log on to www.cioins.co.in/Ombudsman

To know about our policy on Protection of Policy Holder's Interest log on to www.magmaininsurance.com >> Legal >> Protection Of Policyholder's Interest Policy

Your policy will be canceled if you omit any key information on the proposal form.

If you need to update or change any important information about your policy, please contact our Customer Service at 1800 266 3202 or email us at customercare@magmaininsurance.com.

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Obligation of Policyholder

IDV Illustration:

Ex-showroom price of vehicle: Rs. 10 Lakh

Vehicle Age at the time of renewal: 5 years

% Depreciation basis age of vehicle: 50%

IDV of car: Rs 5 lakh

Constructive Total Loss (CTL):

A vehicle is considered CTL if the aggregate cost of retrieval or repair exceeds 75% of its IDV.

No further depreciation is applied for TL/CTL claims

Declaration by the Policy Holder

☒ I have read and confirm having noted the details.

Place: NANDED

Date: 08/03/2025

(Signature of the Policyholder)

Digital Acknowledgement Received.

*For detailed policy terms and conditions please refer to the policy wordings available on www.magmaininsurance.com or contact us on toll free number 1800 266 3202