

FIRST INFORMATION

FIRST INFORMATION OF A COGNIZABLE CRIME REPORT UNDER SECTION 154
CRIMINAL PROCEDURE CODE AT POLICE STATION: CHURACHANDPUR

Sub-Division: Churachandpur
FIR No. 2784(10)2023 CCP-PS u/s 379/34 IPC

District: Churachandpur
Date & hour of Occurrence
12/10/2023 at around 4:15 PM

Date and Hour when reported	Place of Occurrence, Distance & Direction from Police Station	Date of dispatch from Police Station
13/10/2023 at 08:01 AM	New Bazar, Churachandpur. About 01 Kms South	13/10/2023

NB: A First Information must be authenticated by the signature, mark of thumb impression informant an attested by the signature of the officer recording it.

Name & residence of informant/complainant	Name & residence of accused person(s)	Brief description of offence with sections and of property carried off, if any	Steps taken regarding investigation, explanation of delay in recording information	Result of the case
Khailmuan Vaiphei (22) yrs s/o Henginlian of Head Quarter Veng, Churachandpur # 9366716445 O.E. Overleaf OC/CCP-PS	Unknown persons	Punishment for theft with common intention =SP-CCP copy= Punishable / 379/34 IPC	ASI Kapmuanlal Suantak of CCP-PS will please investigate the case	

Officer-In-Charge
Churachandpur Police Station
Manipur

Signed : (N THANGZAMUAN), Inspt,
Designation : OC/CCP-PS
Date : 13/10/2023
Officer-In-Charge
Churachandpur Police Station
Manipur

12th October 2023

The Officer In-Charge
Churachandpur Police Station
Churachandpur, Manipur



Subject: Report of stolen vehicle.

Respected Sir,

I am writing to report a stolen vehicle. The vehicle was Activa 125 BS6 (White) bearing registration number MND6SF5096, Chassis number ME4JF49MAMN005076 and Engine number JF49EW4105915. It was stolen from New Bazar, Churachandpur at around 4:15 PM today by unknown persons.

Yours Sincerely

Khailalmeian Vaiphei (22 yrs)
Headquarter Veng, Churachandpur
Contact no - 9366716445.
S/o Hengirlian

This report is treated as
OE of FIR No. 2784
(10)2023 CCP-PS u/s
379/34 IPC.

cc/CCP-PS.
Officer-In-Charge
Churachandpur Police Station
Manipur



Indian Union Vehicle Registration Certificate
Issued by GOVERNMENT OF MANIPUR

T MN

Regn. Number: **MN06SF5096** Date of Regn: **07-03-2022** Regn. Validity: **06-03-2037**
Chassis Number: **ME4JF49MAMW005076** Owner: **1**
Engine/Motor Number: **JF49EW4105915** Serial: **1**

Card Issue Date: 06/03/2022



Fuel: **PETROL**
Emission Norms:

Owner Name: **KHAILALMUAN VAIPHEI**
Son/Wife/Daughter of (in case of Individual Owner): **S/O HENGINLIAN**
Address: **HEADQUARTER, VENG, Chumchardpur, MN. 795128**

T MN

Regn. Number: **MN06SF5096**



11/2021
Number of Cylinders: **1**
Number of Axle:

Vehicle Class: **M-Cycle/Scooter (2WV)**
Maker's Name: **HONDA MOTORCYCLE AND SCOOTER INDIA (P.**
Model Name: **ACTIVA 125 - DISC**
Colour: **PEARL PRECIOUS WHITE**
Body Type: **FULL BODY**
Seating in all/standing/sleeper capacity: **2**
Unladen / Laden / Gross Combination Weight(kg): **111 / 286 / 0**
Cubic Capacity / Horse Power (BHP/KW) / Wheel Size(mm): **124 / 8.17 / 1200**
Financer Name:

MI-HAL EAST

Registration Authority

This policy is subject to terms and conditions and first endorsement that printed herein / attached hereto 26

Amendments: 2600112709/10012719

SCHEDULE OF PREMIUM IN ₹			
Basic TP			2,285.00
Restored from cover			- 256.00
Total			2,029.00
Gross TP (B)			3,025.00
Total Liability Premium			3,025.00

AMOUNT IN WORDS: Three thousand thirty two rupees only

TERMS AND CONDITIONS

As per the Indian Motor Traffic, Revised copy of the same is available free of cost on request. Further, the Indian Motor Traffic is also available and displayed at all United India Insurance Company offices and on UIC website: www.uic.co.in

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with the schedule. Any payment made by the Company for reason of motor traffic accident in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "WAIVER OF CERTAIN TERMS AND RIGHT OF RECOVERY" for legal interpretation. English version will take precedence.

Policy No.	3,025.00	Insured	3011005013121P110511719	Agent/Insurer	AG10000187
Policy Type	2,285.00	Vehicle No.	3011005013121P110511719	Vehicle Make	3011005013121P110511719
Policy Date	2,029.00	Policyholder	3011005013121P110511719	Policyholder	3011005013121P110511719
Policy	3,025.00	Policyholder	3011005013121P110511719	Policyholder	3011005013121P110511719

Customer ID/IN No.	3011005013121P110511719	Customer ID/IN No.	3011005013121P110511719
SAC Code	3011005013121P110511719	SAC Code	3011005013121P110511719

Let us join the first accident compensation. Please take the policy at the end of the year. The policy is available in all our operating offices at all our Company's web site.

Date of Approval and Endorsement: 13/01/2022

For and On behalf of

United India Insurance Co. Ltd.

Under Contracted Insurance

Amendment No. 2600112709/10012719



UNITED INDIA INSURANCE COMPANY LIMITED

KIOYATHONG ROAD, THANGAL BAZAR
IMPHAL WEST - 795001 MANIPUR
PH: (91385) 2451813 FAX: EMAIL:

LIABILITY POLICY-TWO WHEELER-5 YEARS

UIN: IRDANS4SRP000701201819
POLICY NO.: 1305013121P110511719
VEHICLE NO.: NEW

Period of Insurance
From 15/08/2022 To Midnight of 12/01/2023

Insured
MR KHAILALMIAN VAIRHEI
HEAD QUARTER VENG,
795128
CHURACHANDPUR
MANIPUR

CONTACT NUMBER: 9366716445 (M)

UNDERSIGNED hereby certifies that the above information is true and correct to the best of his knowledge.

Agent Name
Agent Code
Mobile number Number/Email
Address

The genuineness of this policy can be verified through "Verify Your Policy" link at www.uic.co.in.
For any information, further documents, claim intimation and correspondence please write to uic@uic.co.in

Approved by: 1305013121P110511719

This document is legally signed by
Sign: 1305013121P110511719
Date: 13/01/2022
Location: United India Insurance Company Ltd
Impress: Impress Policy No.



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	130501 / BO IMPHAL KHOYATHONG ROAD, THANGAL BAZAR 795001	Receipt Number :	1011305012111844404
		Collection Date :	13/01/2022

Received with thanks from KHAILALMUAN VAIPHEI (Customer ID : 23131721776, Customer GST/UIN No : Not Available) a sum of Rs. 3581.00 (Three thousand five hundred eighty-one rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Cln/Decln No	Particulars	Total Amount
1	1305013121P110511719	TwoWheeler	0	Final Premium	3,035.00
2	1305013121P110511719	TwoWheeler	0	CGST	273.00
3	1305013121P110511719	TwoWheeler	0	SGST	273.00
Total (Rounded Off) :					3,581.00
Stamp Duty :					0.00
Bank Charges :					0.00
Total Amount :					3,581.00

Instrument Details

SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	121130501108519878	CASH	0				3,581.00

Particulars :

GSTIN (UIC) : 14AAACU5552C1ZQ

Cashier Initial

Note:

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.



for UNITED INDIA INSURANCE COMPANY LIMITED.

For, United India Insurance Co. Ltd.
 [Signature]
 AUTHORISED SIGNATORY
 Branch Manager