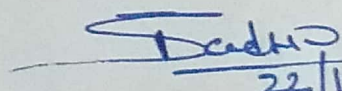


FORME COMP.AA

(See rules 253(c),234(5)(iii),254(2),255(1)(iv))

REPORT ABOUT THE VEHICLE ACCIDENT

1)	Name of police station	saphala Dist palghar
2)	Cr/No To/No.SEC.NO	I 62/2019 IPC- 279,337,338,,M.V.ACT. 184
3)	Date time and place of the accident	23/11/2019 AT 18:45 KARDAL
4)	Name of the Injuerd/deceased	JANABAI ASHOK MORE.AGE-56 ADD-AT. KARDAL ,SAPHALA, TAL DIST - PALGHAR.
5)	Name of the Hospital to which he/she was removed	BABASAHEB AMBEDKAR HOSPITAL KANDIVALI
6)	Number of Vehicle and the types of the Vheicle	MH-48/BB-0384
7)	Name and address of the driver of the Vehicle with particulars of driving licens of th said driver driver and the address of the Resing Authority of the said Driving License the number of the Badge in case of Public Servic Vehicle and the address of the Badge Authority of the said Badge.	LALIT HEMANT TARE. ADD.EDWAN, HOLIPADA,TAL DIST - PALGHAR. DRIVING LICENS NO - MH - 4820120017673
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	LALIT HEMANT TARE. ADD.EDWAN, HOLIPADA,TAL DIST - PALGHAR.
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	LIBERTY VIDEOCON GENERAL INSHURANCE COMPANY LIMITED ,10 TH FLOOR,TOWER A,PENINSULA BUSINESS PAER, GANPATRAO KADAM MARG, LOWER PAREL,MUMBAI.
10)	No of inshurance policy / inshurance certificate and the date of the validity of the inshurance policy / inshurance certificate.	-
11)	Action taken if any and the result therfor	COURT PENDDING


22/10/2020
ASST.POLICE INSPECTOR
SAPHALA POLICE STATION