

**227FORM COMP.A.A.**  
(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv) )  
**REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS**

Sr.		
1.	Name of the Police Station	:- Gholwad
2.	Cr/No.Tar/No. SEC No.	:- 19/2020 IPC U/s 279,338 M.V.Act 184, 134, 3/181
3.	Date Time and place of the accidents	:- Date 12.03.2020 At 10.30am, Place,ChikhalaKhadipadaDahanu to Gholwad Road
4.	Name of the Injured/deceased	:- 1)SushmaPrakashKambale Age 27 Year Add.Sharayu Apartment ParnakaDahanuTal.Dahanu, Dist.Palghar Perment Add. E/3 Room No.5 Annapurnna C.H.S. Co.Housing Society Sector 48 SEA WoodS Navi Mumbai
5.	Name of the Hospital to whiche he/she was removed	:- 1) Sub Division HospitalDahanu 2) Orthocare Hospital Masoli, Dahanu
6.	Number of vehicle and types of the vehicle	:- 1) ApriliyaStramMotoer Cycle No. MH.43/BT.3415 2) ActivaMoter cycleNo. MH.48/BQ.4830
7.	Name and address of the driver of the vehicle with particulars driving license of the said driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:- 1) Vijay BaluGorwala Age 20 Year Add.KandarvadiKompadaTal.Dahanu, Dist.Palghar 2) SushmaPrakashKambale Age 27 Year Add.Sharayu Apartment ParnakaDahanuTal.Dahanu, Dist.Palghar, Perment Add. E/3 Room No.5 Annapurnna C.H.S. Co.Housing Society Sector 48 SEA WoodS Navi Mumbai (Injured Person)
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:- 1) ApriliyaStramMotoer Cycle No. MH.43/BT.3415 SushmaPrakashKambale Age 27 Year Ad.Sharayu Apartment ParnakaDahanuTal.Dahanu, Dist.Palghar, 2) ActivaMoter cycle No. MH.48/BQ.4830 RavindraLaxamanPardhi Add. DhanivariKhadkipada, Tal.Dahanu Dist. Palghar
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:- 1) ApriliyaStramMotoer Cycle No. MH.43/BT.3415 Digit General Insurance Limited 2ActivaMoter cycle No. MH.48/BQ.4830 HDFC ERGO General Insuranecom.Limited
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:- 1) D009869405 - date 25/10/2024 2) 2312202930547600000 - date 18/08/2024
11.	Action taken if any and the result there of	:- Nil

**NB:-**This form Should accompany with all the necessary document viz (i) FIR,(2) Panchnama, (3) Medical Certificate/Postmortum Report.



Date:- / 06 / 2020

**ASST. INSPECTOR OF POLICE  
GHOLWAD POLICE STATION**