

FORM 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	:-	Talasari Police Station
2.	Cr/No.Tar/No. SEC No.	:-	15/2021 IPC-304(A),279,337,338 M.V. Act-184 etc
3.	Date Time and place of the accidents	:-	26/01/2021 at Time 12.00 Sutrakar Lakharpada Tel-Talasari, Dist-Palghar
4.	Name of the Injured/deceased	:-	Prishiv Vaibhav Shanvar age- 03 Month At- Kurze Kompada, Ta- Talasari Dist- Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	-
6.	Number of vehicle and types of the vehicle	:-	Motar cycle MH.48.FH.6283
7.	Name and address of the driver of the vehicle with particulars driving license of the said driver 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?	:-	Driver – Anuras Bhiku Thakare At- Sutrakar Shanavarpada Tel- Talasari, Dist-Palghar Driving license - NO
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Owner of the Vehicle- Bharat R. Thakare At- Sutrakar Shanavarpada Tel- Talasari, Dist-Palghar
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	-
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insuranc Police No:- Reliance Generl Insurans Validity:- 17 Jun 2016 To 16 Jun 2017
11.	Action taken if any and the result there of.	:-	Police pending

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

Date:-19.03.2021

INSPECTOR OF POLICE
TALASARI POLICE STATION