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	:-	Dahanu
2.	Cr/No.Tar/No. SEC No.	:-	I 165/19 IPC 279, 337,338.MV Act 134(A)(B)
3.	Date Time and place of the accidents	:-	12/10/2019 time-04.15 At -front Saravali Chek Post,
4.	Name of the Injured/deceased	:-	Mr. Valya Ramji Gujar A/ Savta, Saravali Village, Tal- Dahanu, Thane 401602
5.	Name of the Hospital to whiche he/she was removed	:-	SMT. R. B. Shah Mahavir Super Speciality Hospital
6.	Number of vehicle and types of the vehicle	:-	Moter Ceycal- MH 04BL8170 Moter Ceycal MH 48 BE 7663
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 said Badge?	:-	Radhesam Muna Chowan, Age 28 Y, Add. Ramwadi Satayem shivam Apt. R No. 5, Dahanu, Tal- Dahanu, Dist- Palghar
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Mr. Valya Ramji Gujar A/ Savta, Saravali Village, Tal- Dahanu, Thane 401602
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	United India Isaurance Company Limited
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	1209023118P108202867
11.	Action teken if any and the result there of.	:-	Police investigation

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

Date:-12/10/2019

INSPECTOR OF POLICE DAHANU POLICE STATION