

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

Name of the Police Station	:-	Dahanu
Cr/No.Tar/No. SEC No.	:-	I 110/19 IPC 279, 337,338.MV Act 184,3/181, 146/196
Date Time and place of the accidents	:-	19/07/2019 time-10.30 At -front Asagad To Dhudalwadi, Tal-Dahanu Dist-Palghar.
Name of the Injured/deceased	:-	sunil Mahadu Gowari
Name of the Hospital to whiche he/she was removed	:-	Sewa Nursing Home, dahanu dist. palghar
Number of vehicle and types of the vehicle	:-	Moter Ceycal- MH 04BL8170 Moter Ceycal MH 48 BE 7663
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 Public Service Vehicle and the address of the issuing Authority of the said Badge?	:-	Vilash Sadu Pagi , Age-24Y, Add- Jamesh , Magatapada, Tal- Dahanu, Dist-Palghar
Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Vilash Sadu Pagi , Age-24Y, Add- Jamesh , Magatapada, Tal- Dahanu, Dist-Palghar
Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	Baja Allianz General Insurance Cpn. Ltd. GE Plaza, Airport Road, Yerwada, Pune 411006
No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	19-3182-1802-00000208
Action taken 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:-19/07/2019

**INSPECTOR OF POLICE
DAHANU POLICE STATION**