

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 189/19 IPC 279,337,338 .MV Act 184 ,187,134 a,b
3.	Date Time and place of the accidents	:-	17/12/19 time-19.20 At – MalyanRelwayBreez Var on the road Tal-DahanuDist-Palghar.
4.	Name of the Injured/deceased	:-	Hemant Vaman Patil
5.	Name of the Hospital to whiche he/she was removed	:-	Unique Hospital Surat Gujarat
6.	Number of vehicle and types of the vehicle	:-	2) MotarSaykal.MH.48-BB-5797
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- Aryan Ganesh Rao Obie Age-20Y At/Post SaravaliManfodpadaDIST.palghar. License Authority- Nil
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	--
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	1) The New India Assurance Co-Ltd
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	16020031170100010981
11.	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,

Date:-


INSPECTOR OF POLICE
DAHANU POLICE STATION