

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.	:-	142/2020 IPC 279, 337,338.MV Act 187
3.	Date Time and place of the accidents	:-	05/02/2020 time-17.15 At -front Chandirak Hotel , Tal-Dahanu Dist-Palghar.
4.	Name of the Injured/deceased	:-	Kiran Moreshwar Sorathi, Ahe 57 Y, Parnaka Pornima Tokij Nayar, Tal- Dahanu, Thane 401602
5.	Name of the Hospital to whiche he/she was removed	:-	Sparsh Diagnostice Centre Mosoli, Dahanu
6.	Number of vehicle and types of the vehicle	:-	Car MH14HW 1719, Socity No MH104EJ7682
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 Public Service Vehicle and the address of the issuing Authority of the said Badge?	:-	Manesh Khot Add- B-701, Armada Parkhe Wasti, Wakad, Pune -411057
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Manesh Khot Add- B-701, Armada Parkhe Wasti, Wakad, Pune -411057
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	Iffco-Tokio General Insurance Co. Ltd. Vasi
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	1-CLA905
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:-05/02/2020

**INSPECTOR OF POLICE
DAHANU POLICE STATION**