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## FORM COMP.A.A.

## (See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv) ) REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

C.,			
Sr.	Name of the Police Station	+:	- Talasari Police Station
1.		<u> </u>	
2.	Cr/No.Tar/No. SEC No.	:-	112/177, 15(1)/177 etc
3.	Date Time and place of the accidents	:-	Mumbai Ahmadabad Highway Mumbai Lenth Tel- Dahanu, Dist-Palghar
4.	Name of the Injured/deceased	:-	Shubedarka Purva Gujavar, Gram BabaganJ, Ta Kunda Dist- Pratapgad State- Uttar Pradesh 2. Ramu Aasaram Yadav Age- 25 Year At- Shubedarka Purva Gujavar, Gram BabaganJ, Ta Kunda Dist- Pratapgad State- Uttar Pradesh
5.	Name of the Hospital to whiche he/she was removed	:-	
6.	Number of vehicle and types of the vehicle	:-	MH.02.FG.2837
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?	:-	Imran shafi Kureshi Age- 40 Year, At- A-08/102, Alkuba, Mittalnagar, Amdheri West, Mumbai  Driving License- No
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Pravin Lakshi Kakad
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	No
10.	No. Of Insuranc Policy/Insurance	:-	Insuranc Police No: Yes
	Certificate and the date of the validity		
	of the Insuranc Policy/Insurance		Validity: 27.02.2022
	Certificate.		
11.	Action teken 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: \$26.04.2021

INSPECTOR OF POLICE TALASARI POLICE STATION