

**227 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.	:- 52/2021 IPC U/s 304 (A), 279, 337,338.MV, Act.184.
3.	Date Time and place of the accidents	:- Date 04/04/2021 Before 08.30 Am, Place, Aina Patilpada, Tal dahanu Dist palghar.
4.	Name of the Injured/deceased	:- Rahul Shinar Dhangda, Age 19 Year At, Ghol Patilpada, Tal. Dahanu, Dist. Palghar.
5.	Name of the Hospital to whiche he/she was removed	:- Sub Dist Hospital, tal Dahanu, Dist Palghar.
6.	Number of vehicle and types of the vehicle	:- Motor Cycle MH.48/AH.3439.
7.	Name and address of the driver of the vehicle with particulars driving license of the said 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 – Rahul Shinar Dhangda, Age 19 Year At. Ghol Patilpada, Tal. Dahanu, Dist. Palghar.  Driving License No. Nil
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:- Kashiram Babu Tandel, Age 50 Year At. Ghol Patilpada, Tal.Dahanu, Dist.Palghar.
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:- Relince General Insurance Co.Ltd. 2 <sup>nd</sup> Floor Avirahi Bldg. Above Adidas Showroom, Borivali West, Mumbai-400092 Contect No. 30885709.
10	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:- Policy No. 1104452312043034. Validity Date 16/11/2016.
11	Action taken if any and the result there of	:- Nill

**NB:-** This form Should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.

**Date:-**



**INSPECTOR OF POLICE**  
**DAHANU POLICE STATION**