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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

Sr.			
1.	Name of the Police Station	:-	Talasari Police Station
2.	Cr/No.Tar/No. SEC No.	:-	74/2021 IPC 279,337,338,427 M.V. Act- 184 etc
3.	Date Time and place of the accidents	:-	16/04//2020 at Time 12.30 RTO ChekPost Dapchari Tranig point, Mumbai Ahamadabad Highway, Tel- Dahanu, Dist-Palghar
4.	Name of the Injured/deceased	:-	Injured- Gulab Vikram Purohit Age-35 Year, Papachi Tekadi, Gangavesh Road, Ta Karvir, Dist-Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Rural Hospital Talsari
6.	Number of vehicle and types of the vehicle	:-	Telair MH.04.HS.1503
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?	:-	Ashok Bedi Ravidas Age- 28 Year At- Hurlung, Post- Hurlung, Thana Gomiya Dist- Bakora, State-Zarkhand Driving License- Yes
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Ravindra Kumar
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	ICICI Lombard
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insurance Police No:- 3003/215346156/00/00 Validity: 05.02.2022
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:-05.05.2021

INSPECTOR OF POLICE TALASARI POLICE STATION