

FORM COMP .AA
(See rules 253 (c) , 234 (5) iii, 254 (2), 255(1) (iv)
REPORT ABOUT THE VEHICALE ACCIDENT

1.	Name of police station	Kelva costal police station
2.	Cr/no to/no.sec.no	06/2021 ipc 279, 337, m.v.act 184/187
3.	Date, Time and place of the accident.	06/03/2021 at 19.45 dasarmal mahaveer solt road kelva tal.dist.palghar
4.	Name of the Injured/Deceased	Rajendra bhalchandra champanekar age. 53 year at-kelva bajar post-kelva tal.dist.palghar
5.	Name of Hospital to which he/she was removed	Shri.sai clinic kelva tal dist. palghar
6.	Number of vehicles and types of vehicles.	Injured vehicle-Hiro Honda passion pro bike MH 48 AE 7589
7.	Name and address of the driver of the vehicles with particulars or Driving license of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge	Undetecte
8.	Name and address of the Owner of the vehicles as it stands on the date of the accident.	----
9.	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Comoanv	----
10.	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance policy/Insurance Certifi cate	----
11.	Action taken, If any, and the result there of.	ON POLICE INVESTIGATION


ASS.POLICE INSPECTOR
KELVA COSTAL POLICE STATION