

**227**  
**FORM COMP. A. A**  
**(See Ryles 253 (5)(iii), 254 (2)255 (1)(IV)**  
**REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS**

Sr.			
1	Name of the Police Station	:-	Vikramgad
2	Cr/No. Tar/NO.SEC No	:-	11/2021 IPC. 279,337,338,MVACT.184
3	Date Time and place of the accidents	:-	20/01/2021 at. 09:00 am
4	Name of the Injurd/Acceased	:-	1. Vishnu ramu Gavli  2. Ramu Devji Gavli at – kurze, gavlipada, tal- vikramgad, dist palghar (injuard)  3. Subhash Devnath Pal at- zanjor, tel- pindra, dist- varanshi,stete- Up
5	Name of the Hospital to Which he/she Was Removed		KEM- hospital mumbai
6	Number of vehicle and types of the vehicle	:-	Motar cycle. No. mh.48,bd.5983  Truk no. GJ. 15, X- 5103
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 Driver License, the number of the Badge in case of Public Service Vehicle and the address of the issuing Authority of the said Badge		Subhash Devnath Pal at- zanjor, tel- pindra, dist- varanshi,stete- Up
8	Name and address of the Owner of the Vehicle as it stand on the date of the accident	:-	Truk no. GJ. 15, X- 5103
9	Name and address of the Insuranc company with whom the Vehicle was msured and the Divisonal office of the said Insurance company	:-	HDFC ERGO Genral Insurance Company Limited
10	No.Of Insurance policy/ Insurance Certificate and the date of the validity of the Insurance policy / Insurance Certificate	:-	Issu on 16/02/2018 to 15/02/2021
11	Action taken if any and the result there of	:-	11/2021 IPC. 279,337,338,MVACT.184 charj seet file, jmfcc cort jawhar

**NB:-This Form Should Accompany With All The Necessary Document Viz (i) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.**

**DATE:- 31/ 05/2021**

