

## FORME COMP.AA

(See rules 253(c),234(5)(iii),254(2),255(1)(iv))

### REPORT ABOUT THE VEHICLE ACCIDENT

1)	Name of police station	Kasa Dist palghar
2)	Cr/No To/No.SEC.NO	87/2021
3)	Date time and place of the accident	14/05/2021 AT 05.30
4)	Name of the Injuerd/deceased	INJUERD- 1. MADA NLAL PARASARAMAJI GUJAR AGE-31 AT-GOMATI CHOUSHYA TAL- KUMBHALGAD, DIST – RAJASAMAD, RAJASTAN 2. SHAKIL SALIM SHEKH AGE 25 YEAR, AT- KANDIVALI MUMBAI.
5)	Name of the Hospital to which he/she was removed	Kasa Goverment Hospital, Kasa
6)	Number of Vehicle and the types of the Vheicle	1. PICKUP – NO- MH-48-AG-4261
7)	Name and address of the driver of the Vehicle with particulars of driving licens of th said driver driver and the address of the Resing Authority of the said Driving License the number of the Badge in case of Public Servic Vehicle and the address of the Badge Authority of the said Badge.	DRIVER- MUKESH RAJESHAM VISHWAKRMA AT- HARAVATE PADA DANIVABAG NEAR SHIVASENA OFFICE, NALASOPARA (E), TAL- VASAI DIST -PALGHAR DL NO.MH 4820180030629
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	DRIVER- MUKESH RAJESHAM VISHWAKRMA AT- HARAVATE PADA DANIVABAG NEAR SHIVASENA OFFICE, NALASOPARA (E), TAL- VASAI DIST -PALGHAR
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	-
10)	No of inshurance policy / inshurance certificate and the date of the validity of the inshurance policy / inshurance certificate.	-
11)	Action taken if any and the result therfor	POLICE INVESTIGATION