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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.	:-	125/2021 IPC-304(A),279,337,338 M.V. Act-184 etc
3.	Date Time and place of the accidents	:-	14/06/2021 at Time 11.30 AM Near Udhava police choki, Udhava, Tel-Talasari, Dist-Palghar
4.	Name of the Injured/deceased	:-	<b>Deceased-</b> Girji Dharama Ozare Age 57 Year At- Udhava Shindhapada, Ta Talasari Dist- Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Vinobha Bhave sivil Hospital Selvassa Dadara Nagar Haveli
6.	Number of vehicle and types of the vehicle	:-	UP.51.AT.7236 Kantenr
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?	:-	Makabul Ahemad Suvan shekha Age-45 Year at- Shuklaji St Kamathipura 13 <sup>th</sup> Galli Mumbai <b>Driving license</b> - MH0120090099371
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Shamsad Ahmad
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	The Oriental Insurance co.ltd.
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insuranc Police No:223/02/31/2021/2948  Validity:31/12/2021
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: - 26.06.2021

INSPECTOR OF POLICE TALASARI POLICE STATION