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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	;-	
2.	Cr/No.Tar/No. SEC No.	:-	I 136/2021 IPC 304(a),279,337,338 M.V.Act.184 etc.
3.	Date Time and place of the accidents	:-	Ahamadabad Highway Vadavali Gao, Near Nilgiri Hotel Ta- Talasari, Dist- Palghar
4.	Name of the Injured/deceased	:-	Deceased- Abdul kadir Ahamad Ulla Khan age- 20 year, At- Ranijyot shankarpura, Ta- Tulshipur Dist- Balrampur Uttar Pradesph
5.	Name of the Hospital to whiche he/she was removed	:-	Rural hospital Talasari
6.	Number of vehicle and types of the vehicle	:-	MH.04.JU.7329 Contenar
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?	:-	Abdul kadir Ahamad Ulla Khan age-20 year, At- Ranijyot shankarpura, Ta- Tulshipur Dist- Balrampur Uttar Pradesh Driving license- No MH0120080068981
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Reliable Trans And Impex Servise Pvt Ltd
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	ICICI Lombard General Insurance Company Ltd Prabhadevi Mumbai
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insuranc Police No:- 3003/201608433/00/000 Validity:- 04/07/2021
11.	Action teken if any and the result there of.	:-	

NB:-This form Should accompany with all the necessary document viz (i) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.

Date:-, 27.07.2021

INSPECTOR OF POLICE TALASARI POLICE STATION