

## 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	:-	<b>Talasari Police Station</b>
2.	Cr/No.Tar/No. SEC No.	:-	<b>I 144/2021 IPC 279,337,338 M.V.Act.184 etc.</b>
3.	Date Time and place of the accidents	:-	<b>Date 08/07/2021 Time 23.30 PM Mumbai Ahamadabad Highway Dapchari Gao, Near Rabbad Bord Ta- Dahanu, Dist- Palghar</b>
4.	Name of the Injured/deceased	:-	<b>InJured- 1. Umer Alam Ansari Age- 28 year, At- Piparpur, Ta.Dist- Amethi State-Uttar Pradesh</b>  <b>2. Firoj Haidarali Shekh Age- 22 Year At- Dakhin Ta- Vatargao, Dist- Basti State- Uttar Pradesh</b>
5.	Name of the Hospital to whiche he/she was removed	:-	<b>Rural hospital Talasari</b>
6.	Number of vehicle and types of the vehicle	:-	<b>MH.43.BB.4846 Track</b>
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 Public Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	<b>Yar Janmohamad Shekh Age- 25 Year, At- Dakhin Po.-Ganeshpur Police Thane Valtarganj Ta- Valtarganj, Dist- Basti. State- Uttar Pradesh</b> <b>Driving license- No UP5120160005734</b>
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	<b>Sultanshingh R. Bijarnia At- Room No.303, Swastik Plaza Bldg, Plot No. 12/15, Sec.11 Kamothe Naw Mumbai Panvel Raigad</b>
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	<b>Bajaj Allianz General Insurance Com.ltd</b> <b>Bajaj Allianz House, Airport Road, Yerwada Pune</b>
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	<b>Insuranc Police No:- OG-21-1910-1803-00000154</b>  <b>Validity:- 31/08/2021</b>
11.	Action taken if any and the result there of.	:-	<b>Court Pending</b>

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

**Date:- 02.08.2021**

**INSPECTOR OF POLICE**  
**TALASARI POLICE STATION**