

227 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	:- Dahanu
2.	Cr/No.Tar/No. SEC No.	:- 164/2021 IPC U/s 304 (A), 279, 337,338, MV Act 184, 187,
3.	Date Time and place of the accidents	:- Date 25/07/2021 At 11.45 pm, Place, Ranshet, tal dahanu dist palghar.
4.	Name of the Injured/deceased	:- 1) Shankar Vitthal Dhangada, Age 65 Year At. Bondgaon, Bhonarpada, Tal Dahanu Dist. Palghar.
5.	Name of the Hospital to whiche he/she was removed	:- Sub Dist Hospital, Kasa, Tal. Dahanu.
6.	Number of vehicle and types of the vehicle	:- 1) MH.46/BF.194. (Motar Bulker) 2) MH.48/AH.7549(Activa motar skuty)
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 Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:- Driver - Mohmad Sajid Arif Siddhiki, Age 33 Year At. ARIYAWAN SHANKAR GANJ TILOI PS-MOHANGANJ. Driving License No. UP33 20120015830.
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:- MARUTI STONE SUPPLY CO.
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:- CHOLAMANDALAM MS GENERAL INSURANCE COMPNY LIMITED. VASHI BRANCH OFFICE, OFFICE NO. 1301-1302, 13 TH FLOOR. MAITHILI SIGNET PLOT NO 39/4, SECTOR-30A VASHI-VII S.O, THANE, MAHARASHTRA.
10	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:- Policy No. 3379/02497073/000/01 Validity Date 23/09/2021.
11	Action taken if any and the result there of	:- Nill

NB:- This form Should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.

Date:-



INSPECTOR OF POLICE
DAHANU POLICE STATION