

## 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 162/2021 IPC 304(A),279,337,338 &amp; M.V.Act-184 Ets</b>
3.	Date Time and place of the accidents	:-	<b>Date 08.06.2021 Time- 15.00 PM Talasari-Umargao Raod, Kawada Goa Near Bus Stop, Ta-Talasari, Dist-Palghar</b>
4.	Name of the Injured/deceased	:-	<b>Deceased- Ganpat Jamana Bendaga Age-48 Year At- Modgao Pasadipada Ta-Dahanu Dist-Palghar</b>
5.	Name of the Hospital to whiche he/she was removed	:-	<b>Saian Hospital Mumbai</b>
6.	Number of vehicle and types of the vehicle	:-	<b>Moter cycle MH.48.BR.0990</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 Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	<b>Ganpat Jamana Bendaga Age-48 Year At- Modgao Pasadipada Ta-Dahanu Dist-Palghar</b>  <b>Driving license- no</b>
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	<b>Chima Sankar Lahange At- Modgao Pasadipada Ta-Dahanu Dist-Palghar</b>
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	-
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	<b>Insuranc Police No:- -</b>  <b>Validity:- 21. AUG.2024</b>
11.	Action taken if any and the result there of.	:-	<b>Police Pemding</b>

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

**Date:- 17.08.2021**

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