

227 FORM COMP.A.A.

(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

Name of the Police Station	:-	Dahanu
Cr/No.Tar/No. SEC No.	:-	I 211/2021 IPC U/s 304(A) 279,337,338, MV ACT 184,
Date Time and place of the accidents	:-	Date 27/11/2021 At 11.45 pm, Place Front of the Ashagad Ambesari Road,Sogave village Tal Dahanu Dist Palghar
Name of the Injured/deceased	:-	Chandrakant Chintaman Dalvi Address – At- Mahim Naralwadi Kelwa tal, Dist-Palghar.
Name of the Hospital to whiche he/she was removed	:-	-
Number of vehicle and types of the vehicle	:-	Mahindra Bolero pickup No. MH48-AY-1294
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?	:-	Chandrakant Chintaman Dalvi Address – At- Mahim Naralwadi Kelwa tal, Dist-Palghar. Driving License No.- MH 48 2015 0003761 Date of validity – 01/06/2033
Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	1) Mahindra Bolero pickup No. MH48-AY-1294 Name Mukesh Shantaram Chaudhari, R/O At- Mahim Naralwadi Kelwa tal, Dist-Palghar. Accident date 27/11/2021
Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurance company?	:-	OFF Code-3H,Future Generali India Insurance Co Ltd, 1 st Flooor,Office No.155,Harmony Plaza,Tarapur Road,Boisar,Maharastra - 401501
No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Future Generali India Insurance Co Ltd Date – 18/09/2022
Action taken if any and the result there	:-	Nill/

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

