

FORM COMP AA
[See Rules 253 ©m 254 ©(iii), 254 [80 255 (I) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	:-	BKC Police Station Mumbai
2	CR.NO/TAR NO/SDE NO.	:-	TAR.NO.379/2017, SDE NO- 03/17 DATE- 19/10/2017
3	Date, time and place of the accident	:-	DATE- 19/10/17 TIME-11-00 PLACE- MAUNT LITRA SCHOOL ,Bkc to Motilal Neharu nagar, ,BKC Mumbai
4	Name of the injured / Deceased.	:-	-
5	Name of Hospital to which he / she was removed	:-	-
6	Number of vehicles and type of the vehicle	:-	MH-02-DU-8233 Auto Rikasha
7	Name and address Of the driver of the vehicle with particular or driving license of the said driver and the address of the issuing authority Of the said driving license the number of Badge in case of public service vehicle and the address of the issuing authority of the said Badge	:-	MH-02-DU-8233 Rajkumar Ravat , Age30 years, R no01 , Shishakti chawal, Dattmandir Road ,Vakola Paipline, santacruz(E) Mumbai , DL no- MH0220042003670
8	Name and address of the owner of the vehicle as it Stands on the date of The accident	:-	MH-FK-1909 Dhanchi Boraman DL no-JH02/2012/0025468
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional Office of the Said Insurance Company	:-	IFCO TOKIYO General Insurance Company
10	Number of insurance police/ insurance certificate and the date of the validity of the insurance policy / Insurance certificate	:-	Policy number-29805728 VALIDITY-26/06/2018
11	Action taken, if any, and the result thereof	:-	BKC police station has registered TAR.NO.379/2017

Sr.Inspector of police
BKC police station, Mumbai