

FORM COMP AA

[See Rules 253©, 254 (c), (iii), 254 (80,255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	:-	D N Nagar Police Station
2	CR. NO./TR No./SDE No.	:-	599/17 u/s 279,338, IPC r/w 134{A}{B}MVA
3	Date, Time and place of the accident	:-	Date -19/10/17, Time – 21.40., Andheri Sport Club Near, J.P. Road, Andheri [W], Mumbai
4	Name of the injured/ Deceased	:-	Nanji Narasi Gala
5	Name of Hospital to which he/ she was removed	:-	Sujay Hospital
6	Number of vehicles and type of the vehicles	:-	Motar Scooter :- MH 02 EJ 5548 V/S Footer
7	Name and address of the Driver of the vehicle with particulars or Driver 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	:-	Manoj Dayaram Gupta
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Vinod Dayaram Gupta Add- 44 Shreeram CHS. J.P. Road, Andheri west, Mumbai
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	Reliance General Insurance LTD. Add. – Tiara Bld.4 th Floor, Chandavarkar Lane, Borivali West, Mumbai 92
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate	:-	Covernote No.R1601779695 Valid Date 16/10/18
11	Action taken, if any, and the result thereof.	:-	
12		:-	
13		:-	
14		:-	Inspector of Police
15		:-	D N Nagar Police Station
16		:-	
17	N.B. - This Form should accompany with all the necessary documents viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate/Post – Mortem Report		