

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	vasind
2	CR.NO/TAR NO/SDE NO	I 09/2025
3	Date,Time and place of the accident	12/01/2025- 16.00 PMDAHAGAON PHATA MUBAI NASHIK ROAD VASindWEST TAL- SHAHAPUR DIST-THANE
4	Name of the Injured/Deceased	ASHOK SHIVAJI DHIRE
5	Name of Hosital to which he/she was removed	FORTIS HOSPITAL KALYAN DIST-THANE
6	Number of vehicles and type of the vehicle	UNON
7	Name and address of the Driver of the vehicle with particulers or Driving license of the said Driver and the address of the Issuing Authority of the said Driving Licence.The number of Badge in case of Public Service vehicle and the address of the Issuing Authority of the said Badge.	UNON
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	UNON FOUR WHEELAR
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-----
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance policy/insurance Certificate.	-----
11	Action taken,ifany.And the result there of.	----
12	N.B- This form should accompany with all the necessary documents (1)F.I.R (2)panchanama (3) Medical Certificate/Post-Mortem Report.	YES

मा. सविनाम सादर
 पं. २००/२०० वासिंद पोस्ट
 १०/०२/२०२५