

જા.ક. ૭૦૬ / ૨૦૨૪  
વાસિંદ પોલીસ ઠાણે  
૧૨/૦૨/૨૦૨૪

## REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

|    |                                                                                                                                                                                                                                                                                             |                                                           |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1  | Name of the police station                                                                                                                                                                                                                                                                  | vasind                                                    |
| 2  | CR.NO/TAR NO/SDE NO                                                                                                                                                                                                                                                                         | I 106/2024 IPC 304(A)279,MV ACT 184                       |
| 3  | Date,Time and place of the accident                                                                                                                                                                                                                                                         | 12/05/2024- 02.00 PIVLE GAV TAL-SHAHAPUR DIST-THANE       |
| 4  | Name of the Injured/Deceased                                                                                                                                                                                                                                                                | ASHOK NAMDEV GHARAT.RES-PIVLI GAV TAL-SHAHAPUR DIST-THANE |
| 5  | Name of Hosital to which he/she was removed                                                                                                                                                                                                                                                 | CRYSATAL CARE HOSPITAL SHAHAPUR TAL-SHAHAPUR DIST-THANE   |
| 6  | Number of vehicles and type of the vehicle                                                                                                                                                                                                                                                  | MH04-GA-8707 HONDA UNICORN                                |
| 7  | Name and address of the Driver of the vehicle with particulars 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. | ASHOK NAMDEV GHARAT.RES-PIVLI GAV TAL-SHAHAPUR DIST-THANE |
| 8  | Name and address of the Owner of the vehicle as it stands on the date of the accident.                                                                                                                                                                                                      | ASHOK NAMDEV GHARAT.RES-PIVLI GAV TAL-SHAHAPUR DIST-THANE |
| 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,if any.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.                                                                                                                                                         | vasind                                                    |



મી. અમિત ચાવડા  
  
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