

FORM COMP AA
(See Rules 253(C), 234(5)(iii), 254(2), 255(1)(Xiv))
REPORT ABOUT THE MOTER VEHICLES ACCIDENTS

1	Name of the Police Station	
2	Cr/No. Tar/ No. SEC No	Cr No. 148/2024 ZPC 304 00 279, 337, 338 MY Act 184
3	Date, time and place of the accident	Date - 1/4/2024 6.30 AM
4	Name of the Injured / deceased	Dead- Shri Babla Zima Gite Age - 73 Address - Shahapur Tal - Shahapur Dist - Thane Injured-
5	Name of the Hospital to which he / she was removed	Upjitha Ragnalay Shahapur Tal - Shahapur Dist - Thane
6	Number of Vehicle and the types of the vehicle	MH. 46 / AF 6321 TRUCK
7	Name and address of the driver of the vehicle with particulars of: driving license of the said driver driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Public Service Vehicle and the address of the issuing Authority of the said Badge?	HIRAK JYOTI BORAH Age - 37 Address - Malargan post - sona Tal - Bhisvanth Dist - Sonitpur Assam. ① Lakhimpur, Assam (RTO)
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	BALKRUSHNA KUNDALIK SAOGER Address - KHARDALE Tal - SENNAR Dist - THANE Date - 1-4-2024, 6.30 AM
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	Bojay ALLIANZ GENERAL INSURANCE COMPANY LTD YERWADA PUNE
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	OG-23-3784-1803- 00000204 ISSUE - 31 JAN 2024 Validity - 02 APR 2023 01 APR 2024, midnight
11	Action taken, if any, and the result thereof	Filed chargesheet

DATE- / /


INSPECTOR OF POLICE
SHAHAPUR POLICE STATION

NB : This Form should accompany with all the necessary document viz (1) FIR (2) Panchnama, (3) Medical Certificate / Post Mortum Report.