

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

ડા. ૭૭૭) ૨૦૨૪
વાશિંગ યોનીય ઠાણે
ડા. ૭૨૨) ૨૦૨૪

1	Name of the police station	vasind
2	CR.NO/TAR NO/SDE NO	I 149/2024 BNS 125(A),125(B),281,324,(5) ,MV ACT 184
3	Date,Time and place of the accident	21/08/2024- 12.30 PIVLE GAV TAL-SHAHAPUR DIST-THANE
4	Name of the Injured/Deceased	ROHIDAS DASHRATH PATIL RIYA ROHIDAS PATIL RES-VASHIND WEST NEAR TUNNEL TAL-SHAHPUR 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	MH01-CH-7025 MARUTI SWIFT DESIAR MH03-EB-7282 M.G.MODEL
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.	JAY KISAN PATIRAM PRAJAPATI.RES-RATNADEEP BUILDING NO.11 ROOM NO.408 KANJUR MARG MUMBAI SAMER DATTATRAY NIMSE.RES- SHIV TARA APARTMENT IFLOOR NEAR STATE BANK VASHIND (W) TAL-SHAHAPUR DIST-THANE
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	JAY KISAN PATIRAM PRAJAPATI.RES-RATNADEEP BUILDING NO.11 ROOM NO.408 KANJUR MARG MUMBAI
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	ICICI LOMBARD GENERAL INSURANCE CO.LTD
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance policy/insurance Certificate.	17628825/00/000
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



મા. સવિનય સાદે
પોરવા ૮૭૮ મ.મ. ૭૨૨.૬૨૧૫૬
વાશિંગ યોનીય ઠાણે