

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	SHAHAPUR POLICE STATION
2	Cr/No. Tar/ No. SEC No	I - 15/24 IPC 279, 337, 338 M.V act 184 ,132/a,133,134
3	Date, time and place of the accident	Date 16/01/2024 time- 02.45 pm near bhagva chauk shahapur
4	Name of the Injured / deceased	INJURED- Arun Baliram Dalal at-C/302 sakale komplex khalcha naka near the dombivali bank tal shahapur dist thane
5	Name of the Hospital to which he / she was removed	SUB-District Hospital, Shahapur
6	Number of Vehicle and the types of the vehicle	Accused Vehicle- HONDA UNICORN ABS MH04LG9451
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?	Accused Vehicle Driver - Vedant Govind Bhoir AT- 318,GANESHWADI,KALAMBHE,, DIST- THANE., Thane-421601 Driving License- WLC MH04LG9451
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	Accused Vehicle- MH04LG9451 Owner Name- GOVIND JILU BHOIR AT- 318,GANESHWADI,KALAMBHE,, DIST- THANE., Thane-421601
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	HDFC ERGO General Insurance Company Ltd
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	2312204950741200000 Validity-06/10/2026
11	Action taken, if any, and the result thereof	Chargesheet Submit

DATE- 29/01/2025


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.