

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

તા. ૧૨/૧૨/૨૦૨૪
વિશિષ્ટ પોલીસ ઓફિસ
ર. ૧૨/૧૨/૨૦૨૪

1	Name of the police station	vasind
2	CR.NO/TAR NO/SDE NO	I 241/2024
3	Date,Time and place of the accident	07/12/2024- 09.00 PIVLE GAV TAL-SHAHAPUR DIST-THANE
4	Name of the Injured/Deceased	DILIP BABU BHANGRE
5	Name of Hosital to which he/she was removed	CRITICARE NEAR CORAM MALL EASTERN EXPRESS HIGHWAY DIST-THANE
6	Number of vehicles and type of the vehicle	MH05-EV-3683 WAGANAR VEHICLE
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.	KAPIL TULJARAM GAJAKOSH- FOUR WHEELAR
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	KAPIL TULJARAM GAJAKOSH - 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.	17/04/2025
11	Action taken,if any.And the result there of.	----
	N.B- This form should accompany with all the necessary documents (1)F.I.R (2)panchanama (3) Medical Certificate/Post-Mortem Report.	vasind

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R.K. મેસરો