

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 - 253/24 BNS 106 (1),281,125(a) M.V act 184
3	Date, time and place of the accident	Date 02/08/2024 time- 02.30 am Near by hilltop hotel shahapur tal. shahapur thane
4	Name of the Injured / deceased	Dead- KHALIL AHAMAD MAHAMAD AKIL ANSARI, AGE- ३३ YEARS, ADD- NEAR MACHIBAZAR POLICE THANE, DHULE
5	Name of the Hospital to which he / she was removed	PRIMERY HEALTH CENTRE, KHARDI TAL-SHAHAPUR 1)Post Mortem No.12/2024 Date- 02/08/2024
6	Number of Vehicle and the types of the vehicle	ACTIVA DLX - MH०२GG११८२
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?	KHALIL AHAMAD MAHAMAD AKIL ANSARI, AGE- ३३ YEARS, ADD- NEAR MACHIBAZAR POLICE THANE, DHULE DRIVING LICENSE - WLC mh02gg1182,
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	SALIM AHMED SAFATULLAH KHAN,926 BLOSSOM SOCIETY, MILITARY ROAD MAROL, ANDHERI EAST MAROL, Mumbai-400059
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	TATA AIG GENERAL INSURANCE Co.LTD.
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	017220178300000 VALIDITY Date-09/07/2029
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.