FORM COMP.AA

(see rules 253,253(C),(iii),254(80),255(I)(iv))

1	Name of the Police Station	Bhiwendi tal police station
2	CR.No./TAR/SDE NO.	Cr.no I 566/2025 BNS 106,281,125(a),125(b), Mv act 184,
3	Date,time & Place of accident	date 17/11/2025 Time- 07-30 Place Bhiwedi Wada Road Highway hanuman mandir near,Ramdas Sumarti Bangla,shelar Tal Bhiwandi Dist Thane
4	Name of injured/Deceased	Kalpana rajesh jha Age 40 years Add- Ghanshyam Bhoir chal, shelar Tal Bhiwandi Dist Thane
5	Name of the Hospital to wich He/She was removed	Indira gandhi Hospitl Bhiwandi
6	Nunber of Vehicle & type of vehicle	Container NO MH48 AG 7295
7	Name & address of the driver of the vehicle with perticulers of driving license of the said and the address of the Issuing Authority of this said Driving license.The number of Badge in case of public vehicle & the address of the Issuing Authority of the said Badge	Accuse- Deepkumar Sitaram Yadav Age-36 Add- Mastan naka,manor Dist-Palghar License no UP 5120130002958 10/01/2027-
8	Name & address of the Owner of the vehicle as it Stands on the date of the accident	- SUJATA A VETAL . Add- Flat no 104 First flr Lily Bldg Green Home Residency Bhd Renuka Complex Palghar W Maharashtra 401404
9	Name & addres of the Insurance company with whom the vehicle was insurance & the Divisional office of the said Insurance company	ICICI Lombard insurance ltd co.
shedule10	Number of insurance policy/insurance certificate and the date of validity of the insurance policy/insurance certificate	insurance policy no. 3003/379811182/00/000 Valid date 02/05/2026
11	Action taken,if any & result of	Cr.no I 566/2025 BNS 106,281,125(a),125(b), Mv act 184,
		Inspector of Police
		Bhiwendi Tal police Station
	N.B-Thise form should accompany with all the necessary documents(I) FIR (2) Panchanama(3)Medical certificate/postmortem report	

पोलीस निरीक्षक
भिवंडी तालुका पोलीस स्टेशन