

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

જા.ક. ૭૭૪/૨૦૨૪
 ધારિત્ર પંચાયત ઓફિસ
 ર. ૭૪૪/૨૦૨૪

1	Name of the police station	vasind
2	CR.NO/TAR NO/SDE NO	I 91/2023
3	Date,Time and place of the accident	10/05/2024- 06.45 PLATPADA TAL-SHAHAPUR DIST-THANE
4	Name of the Injured/Deceased	SANJAY POPAT DHONNAR
5	Name of Hosital to which he/she was removed	SUVICHAR HOSPITAL GANESH BABA NAGAR NASHIK-PUNE HIGHWAY DWARKA NASHIK DIST-NASHIK
6	Number of vehicles and type of the vehicle	HP17E9101 FORD ECO SPORT VAHICLE
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.	HUSSAIN JAFAR BAIG- FOUR WHEELAR
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	HUSSAIN JAFAR BAIG- 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.	14/06/2024
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

મી. મહેશ્વર મીસ
Bheskar

પ્રધાન/સર R.K. મી/મી
 ધારિત્ર પંચાયત ઓફિસ