

पो. स्टे. यवतमाळ (श.)

जायक क्र. 1558

दिनांक 20/5/21

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Form Comp A.A.

(See rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))

REPORT ABOUT THE, MOTOR VEHICLE ACCIDENTS.

1	Name of the police station	Yavatmal city police station Dist Yavatmal
2	CR.NO./FIR NO.U/SEC	600/18 कसम 448/21 कायम 279, 337 कादी.
3	Date, Time and Place of the Accident.	16/05/2021 ये 13/30 वा. Sagar Dhebhai Pimp/jev Road Yavatmal
4	Name of the injured/deceased	Sau. Shobha Sundhyabai Reemod Bhoys Age 45 Y. R/o. Pimp/jev Yavatmal.
5	Name of the Hospital to which he/she was removed	goveement hospital. Yavatmal.
6	Number of the vehicle and The type of the vehicle.	MH04DK 7566 (Truck)
7	Name and address of the Driver of the Vehicle with Particulars of driving licence of the said driver and the address of the issuing authority of the said badge?	Prakash Nimbaji Thakare. At Parewa. Tq. Dist. Yavatmal.
8	Name and address of the owners of Vehicles as it stand on the date of accident?	Shyam Suresh Chemsali At. Ganeshi Nagare Dharmangan Road Yavatmal.
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	Royal Sundaram General Insurance Co. Limited. 21, patillos road Chennai. - 600 002.
10	Number of insurance policy/insurance certificate and the date of the validity of the insurance policy/ insurance certificate.	V010005495000100, 30/7/2020 To midnight. 29/7/2021.
11	Action taken, if any and the result thereof	-

Date :- 20/05/2021

INSPECTOR OF POLICE
पो. स्टे. यवतमाळ (श.)

NB:- This form should accompany with all the Necessary documents Viz. (i) FIR (ii) Panchanama, (iii) Medical certificate/Post Mortem Report etc.