

Form Comp A.A.

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENT

1	Name of Police Station	Police Station Lohara dist YH
2	FIR No. U/sec	27/021 क्रम 279, 338, 304 (अ) भा.द.वी.
3	Date, Time and Place of the Accident.	Date 8/2/021 चे 14/30 अ. Darda Enng college चे महामार्ग 01254 Near Road Yavat.
4	Name of the injured/deceased	Suhars vijayen Dhile Age 51 years 21. Fore st corner Godani Road Yavatmal.
5	Name of the Hospital to which he/she was removed	Government Hospital Yavatmal.
6	Number of the vehicle and the type of Vehicle.	MH 30 AP 1254 m cycle Hero, HF Down Red and Black
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?	Ritesh Sanjay Neware Age 21 years 21. Datta Mandi, Datta Nagar Darda Dist Yavatmal
8	Name and address of the owners of Vehicles as it stand on the date of accident?	Subhash Ramesh Sonwane Age 42 years Add. Yelwan, Yelwan, Vizoba Dis Akola.
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	A/127-A ELAVAN PO GRANDA SUKALI NANDAPUR SUKALI AKOLA DIS. AKOLA MAHARASHTRA 444001
10	Number of insurance policy /insurance certificate and the date of the validity of the insurance policy/ insurance certificate	POLICY NO - 3005/A/218/13461/00/800 Period of Insurance - Mar 23, 2021 Midnight of Mar. 22, 2022
11	Action taken if any and the result there of	—
	Date :- 28/07/2021	

सुधाकर रा. वल्लभार
पो.हे.क्र.अ.नं. 9668
पो.स्ट. कोडारा, जि. वसतमाळ

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