


जोड़पत्र
मोटर वाहन नियम १९८० मधील नियम १५० मध्ये विहित केलेला फॉर्म क्र. ५४

FORM 54
[Rule 150 (1) and (2)]
ACCIDENT INFORMATION REPORT

1. Name of the Police Station Geedgar
2. CR No/Traffic accident report 423/17 sed. 219,337
3. Date 16/07/2017.
4. Name and full address of the injured/deceased Sau. Anita Narayan Sonule.
5. Name of the hospital to which he/she was removed Iswin Hospital Amra
6. Registration number of the vehicle and the type of the vehicle Two wheeler. MH.27 AM 2068.
7. Driving license particulars
- (a) Name and address of the driver Sau. Anita Sonule. A/S -
- (b) Driving license number and date of expiry Visava colony Amravati.
- (c) Address of the issuing authority MH 27 2000118488.
- (d) Badge No. In case of public service vehicle 29/04/2020
8. Name and address of the owner of the vehicle at the time of accident Sau. Anita Narayan Sonule.
9. Name and address of the insurance company with whom the vehicle was insured and the particulars of the Divisional Officer of the said insurance company Bajaj Ajiyance General Insurance Co. Ltd.
10. Number of insurance policy/insurance certificate and the date of validity of the insurance policy/insurance company. 07/2673/20572/01215
11. Registration particulars of the vehicle (class of vehicles)
- (a) Registration No. MH.27. AM. 2068
- (b) Engine No. JR44E0907421
- (c) Chassis No. ME4JCL449JA8030613
12. Routine permit particulars
13. Action taken, if any, and the result thereof
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ES/SEC 8/2 (16) x


वरिष्ठ पोलीस निरीक्षक
पो.स्टे. गाडगे नगर, अमरावती शहर