

FORM COMP. AA

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

9

Name of the Police Station

BADMERA.

C. No./AR No./SDE No.

561/17 2017-2019, 337, 338, 304 & 1PC

3) Date, time and place of the Accident.

31/01/2017, 11/30 SBFMC-43/17, 15154.
Yewtraut T Point Badhera.

4) Name (and address) of the injured/deceased.

1) PRAVIN JANRUD TURAK - Age - 40
2) SOHAM PRAVIN TURAK Age - 12
VIRGAVHAN TA - KARANJA TA. DIST - WASIM.

5) Name of the Hospital to which he/she was removed.

(ERVIN) District General Hospital
AMRAVATI

6) Number of Vehicle and the type of the Vehicle.

MH04
FP-4406

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 Driving Licence. The number of badge in case of public service vehicle and the address of the issuing authority of the said Badge

AJIM KHAN ABDUL KHALIK
MUNNA ICE DEPOT. K.R. SINGH ESTATE
TBS MARG DREMS MALL BHADUPCW)
MUMBAI - PIN-400078
DL NO - MH01 20080078302
RTO THANE

8) Name and address of the owner of the vehicle as it stands on the date of the accident

ANWAR KHAN MAQBOUL KHAN.
RAJIV GANDHI NAGAR, TAGORE NAGAR
GROUP NO-4 VIKHROLI (EAST) MUMBAI

9) Name and address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance company

1) FUTURE GENERALI INDIA INSURANCE CO
LTD 3rd Floor East wing Forbes Building.
Chandhji Raj Marg Fort Mumbai Ms. pin-40001

10) Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.

2017 - V5124328 FCV
08107/2017 To 07107/2018

11) Action taken, if any, and the result thereof

In charge of police
बदीश नाथ निरीक्षक
पोलीस स्टेशन, दडमरा.

बडमरा
Police Station