

FORM

[See Rules २५३] २५४(iii), २५४(१) (iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the Police Station	Sawantwadi
२	CR No	Cr No.११४/२०२२
३	Date, Time and Place of the Accident	१९.०७.२०२२ as on ०७.१५ at malewad to sawantwadi rod , malewad,deoulwadi sawantwadi
४	Name of the Injury/Deceased	dattaram mqdhukar saval sagar namdev cikodikar injury
५	Name of the Hospital to which he/ she was removed	malewad
६	Number of vehicles and type of the vehicles	२ vehicles bus & dumpar
७	Name and Address of the Driver of the vehicles 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.	barat suresh kupal age-३३ years at post aronda khaskilwada MH-०७ X-१९९९
८	Name and address of the Owner of the vehicles as it stands on the date of the accident.	DIPAK PRABHAKAR NAIK age- ३८ years, m.no-
९	Name and address of the insurance Company with whom the vehicles was insurance and the Divisional officer of the said Insurance Company	the new india assurance co.ltd
१०	Number of insurance policy/ insurance Certificate and the date of validity of the insurance policy/ insurance certificates	०१६१६४२४०६०१००
११	Action taken if any and the result there of	
१२	N.B:- This form should a company with all the necessary document viz १)FIR २) SPOT PANCHNAMA ३)Medical Certificate/ Post-Mortem Report	

सत्यापन

तपासा दरम्यान प्राप्त माहिती आणि कागदपत्रानुसार उपरोक्त अहवालातील मजबूत
खरा आणि बरोबर असल्याबद्दल, आज दिनांक ३०/१२/२०२२ रोजी सावंतवाडी पोलीस ठाणे येथे
सत्यापित केले आहे.



(एफ.बी. मंगडे)

पोलीस निरीक्षक

पोलीस स्टेशन सावंतवाडी