

Report About The Motor Vehicles Accidents

1. Name of the Police Station : पोलीस स्टेशन काथेन
2. Crime No. / TAR No. / SDE No. : अप. क्र. 912/19 कलम 279, 338, 429,
304(अ) भादवी सह कलम 184 मोवाळा
3. Date time and place of the accident : दि. 26/12/2019 ते 121000वे 17/30 वा. काथेन
4. Name of the injured deceased : अपघात
5. Name of the Hospital to which he/she was removed : आ. क. काथेन
6. Number of vehicle and the type of the : होन्डा ब्राइन मो. सा. क्र. 40AP1003
7. Name & 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. : सुतार-मिश्रा माधवराव डेवणकर वय 37
वर्ष रा. धुळे सा. काथेन
8. Name & address of the owner of the vehicle as it stands on the date of the accident. : हरिहर निळफंडराव शतफरी वय 39
वर्ष रा. जेजुरी सा. कुळकर्ण नगापूर
9. Name & address of the insurance company with whom the vehicle was insured and the Divisional office of the said insurance company. : श्रीराम जनरल इन्शुरन्स कंपनी लिमिटेड
10. Number of insurance policy/insurance certificate and the date of validity the police certificate of insurance. : 215034/31/20/005998
11. Action taken, if any and the result thereof :

Date _____

Signature -

(Inspector of Police/P.S.O.)

सहायक पोलीस निरीक्षक
पोलीस स्टेशन काथेन

B. : This form should accompany with all the necessary document viz. (1) F.I.B. (2) Panchanama
Medical Certificate / post mortem report.