


**FORM COMP AA**  
**[See Rules 253(c)254(c),(iii),254(80 255(1)(iv))]**

1	Name of the Police Station	Dapoli.
2	CR.NO./TAR No./SDE NO.	(MV Accident No-24/2017)
3	Date, Time and Place of the accident	19/10/2017, 21.30 , Navshi Briz
4	Name of the Injured/Deceased	-1) Chetan Ramchandra Dalvi 2) Samir Dilip pol 3) Sachin Dilip pol 4) Rohini Sachin Pol
5	Name of Hospital to Which he/she was removed	- Sub Division Civile Hospital.Dapoli
6	Number of vehicles and type of the vehicle	1 .Eico Maruti MH 11/Ak/6930
7	Name of address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the issuing Authority of the Badge.	1) Eico Maruti MH 11/Ak/6930 (Driver- Sachin Dilip pol at. Post Room No.25 Dinesh Building Jogeshwari (E) Mumbai 400060 License – MH02 20090131413 DOI-30/07/2009 valid-29.07.2029 MAHARASHTRA
8	Name and address of the Owner of the Vehicle as it stands on the date of the accident.	Vijay Shankar Dhumal At. Date-19/10/2017
9	Name and address of the Insurance Company With Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Shriram General Insurance company ltd, E-8EPIP SITA PURA INDUSTRIAL AREA JAIPUR RAJASTAN 302022 Maruti car MH 11/AK/6930
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	Policy No.10003/31/18/284174 Dt-03/09/2017 to 02/09/2018
		 Inspector of Police. Dapoli Police Station