



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ADYAL
CR.No./TAR NO./SDE NO:	237/23 SECATION 279,304(A)IPC R/W 134(A),134(B),187,184 MVA CT
Date, Time & Place of accident:	Date 31/10/2023 Time 20/00
Name of the Injured/Deceased:	Vijay Gangadhar Dhage Age 50 Year At. Khat Road Bhandara
Name of Hospital to which he/she was removed:	RH Adyal
Number of vehicles and type of the vehicle:	MH.36 F 3772 TATA ACE FACELIFT HT BS
Name and address of the driver of the vehicle with particulars or Driving license of the said Driver and the Issuing Authority of the said Driving License:	Mohammad Rafique Mohammad Kashim Sheikh Age 53 Year At.sai Mandir Takiya Ward Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Mohammad Rafique Mohammad Kashim Sheikh Age 53 Year At.sai Mandir Takiya Ward Bhandara Date-8/3/2017
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	HOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD ANDHERI Nit No.1 6TH Floor Solitaire Corporate Park 161 Ghatkopar Link Road Hakla Andheri (E Mumbai)400093
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3379/03514080/000/00 DATE-13/5/2023 TO 12/5/2024
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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