



FORM COMP AA

[See Rules 253, 254 (c) (iii), 254 (80-255, 1)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	नांदगाव पोस्ट
2.	CR. NO./TAR No./SDE No.	24496 व 246, 330, 335, 308 (क) 246
3.	Date, Time and place of the accident.	१६/०४/१७ ते १६/०४/१७ वा १२
4.	Name of the Injured /Deceased	डेड इन्डियन
5.	Name of Hospital to which he /she was removed.	डॉ. व्हाई एस. पाटील, साम. हायवे, अमरावती
6.	Number of vehicles and type of the vehicle.	APEN २०१७ मधील MH-27-BV-0082
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of 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 said Badge.	प्रमोद सदाशिव पंढरे २, गणेश नगर, अमरावती DL NO MH-27-20140005285 3 W TR
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	प्रमोद सदाशिव पंढरे दि 16-07-2017 ते 16/4
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	युनायटेड इंडिया इन्शुरन्स कंपनी लि. अमरावती
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	29/03/2017 TO 28/3/2018
11.	Action taken, if any, and the result thereof.	गुंडा न्यायानुसार
		Inspector of Police.
		Police Station.
<p>N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.</p>		

वेदी
वरिष्ठ पोलीस निरीक्षक
पोलीस स्टेशन, नांदगाव पोस्ट
अमरावती शहर