

जा. सं. 25/17

ता. 9/11/2017

FORM COMP AA

[See Rules 253 (a), 254 (c) (iii), 254 (8) 255 (1) (iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	-	City Kotwali Ambavali city.
2.	CR. NO./TAR No./ SDE No.	-	504/17 Sec- 279, 427 IPC --- etc
3.	Date, Time and place of the accident.	-	16.10.17 चे 01.45 वा Railway pool
4.	Name of the Injured /Deceased	-	—
5.	Name of Hospital to which he /she was removed.	-	—
6.	Number of vehicles and type of the vehicle.	-	MH-27-A-9813 swamy mazada.
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.	-	Gajanan Panjabrao Bhakare L.No -
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	16.10-2017 चे 01.45 वा
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	ब्राम्हण लक्ष्मीराम जगरल इन्शुरन्स कंपनी लि. जी.ई. काम्पा, लक्ष्मण पोर्त रोड, वेरवडा- पुणे-411006
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	-	Policy No - OG-18-3742-18/2- 00000001 Date - 29-Aug-2018
11.	Action taken, if any, and the result thereof.	-	सह प्रकरणात कारवाई करित पुरावा शोध घेऊन मात्र न्यायालयात दाखल करित आपर उरण्याची तजवीज आहे Inspector of Police, परिठ पोलीस ठाणे पो.सं.सिटी कोरपोली, उमरवडी रो.
N.B - This form should accompany with all the necessary document viz: (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.			