

श.सं. 242/2017
22-9-2017

FORM COMP AA
[Sec Rules 253 & 254 (c) (iii), 254 (d) (ii) (iii)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1. Name of the Police Station	- FREZARPURA. AMT
2. CR NO./AR No./SDF No.	- 698/2017, Sec. 279, 337, IPC 134 MVACT
3. Date, Time and place of the accident.	- 24-8-2017 At. 15-30
4. Name of the Injured / Deceased	- MANIHAR NARAYAN. GAWANDE
5. Name of Hospital to which he /she was removed	- GENERAL HOSPITAL AMT
6. Number of vehicles and type of the vehicle.	- SWIFT. VDI. MH-29-R-4799
7. Name and address of the Driver of the vehicle with particulars of 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.	- SHRIKANT. LAXMIKANT. KALE AT. HIRGAJPUTE NAGAR AMT DL MH-27. 2011 0015755 RTO AMT. 19-04-2011 AMRAVATI
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	- SHRIKANT LAXMIKANT KALE 24-8-2017. AT. 15-30
9. Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	- ROYAL. Sundaram General Insurance. Company Ltd.
10. Number of Insurance Policy / Insurance Certificate and the Date of Validity of the Insurance Policy / Insurance Certificate	- MOP4183517 24-02-2017 to 23-02-2018
11. Action taken, if any, and the result thereof.	- Sec: 279, 337 IPC 134 MVACT

Inspector of Police
Frezarpura Police Station

N.B - This form should accompany with all the necessary documents viz. (1) (i) (ii) (iii) (iv) Particulars
(v) Medical Certificate Post - Mortem Report.

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पोलिस निरोधक
फ्रीजार्पूर पोलीस ठाणे
अमरावती शहर