July. 17

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पोलीस स्टेशन वलगाव
आवक क्र. 1325/12
25/9/12

FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	वलगाव अमरावती शहर
2.	CR. NO./TAR No./ SDE No.	260/17 कलम 279, 337, 338 भा.द.वि.
3.	Date, Time and place of the accident.	28/7/17 रोजी 20/30 वा. गडचांदूर फाटा
4.	Name of the Injured /Deceased	1) संदीप ज्ञानेश्वर मोहोड वय वर्षे
5.	Name of Hospital to which he /she was removed.	2) मृत महेश्वरी मार्ग म. पूर्व वय अमरावती,
6.	Number of vehicles and type of the vehicle,	मोटर सायकल गडचांदूर ते वलगाव नागपूर
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.	MH27-BM-8185, संदीप ज्ञानेश्वर मोहोड वय 34 वर्षे DL NO- MH27- 20080015296 रहा
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	संदीप ज्ञानेश्वर मोहोड वय 35 वर्षे (चालक)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	रिलायन्स जनरल इन्श्युरन्स MH27-BM-8185
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	रिलायन्स जनरल इन्श्युरन्स दि. 6/7/2015 ते 5/7/2018
11.	Action taken, if any, and the result thereof.	गुन्हा दाखल

Inspector of Police,
Walgaon Police Station.

N.B – This form should accompany with all the necessary document viz (1) F.I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.

पोलीस निरीक्षक
वलगाव

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