

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 | :- | Badnery Ampuvati City |
|-----------|---|------|--|
| 2. | CR. NO./TAR No./ SDE No. | :- | 528 17 See-279, 537, 338 71 134, 185 My. Act. 50E A7-12117-0 11-10417-20100 Old Akoly Hake |
| 3. | Date, Time and place of the accident. | :- | 11-10+17-20100 Old Blasty Hales |
| 4. | Name of the Injured /Deceased | 1 | Vishnumo Devasi Karsabpe |
| 5. | Name of Hospital to which he /she was removed. | | General Hospital Ammorati |
| 6. | Number of vehicles and type of the vehicle. | :- | MH30-AA-4909 Indica vista To |
| 7. 8. | 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. Name and address of the Owner of the vehicle as | | Rupesh Sudhin Dhanmale AIP. Bondaon CDhanmale) Dit Amnurah' DLH-mH27-2006008492 Valid-Tin-66.03-2027 (HT) AT.O Amnarah' Rupesh Sudhin Dhanmale |
| | it stands on the date of the accident. | | Mr Bongaon Dhennule, Din Amnovani |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | | - |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | :- | |
| 1. | Action taken, if any, and the result thereof. | ;- | |
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| | | - 42 | Inspector of Police, |
| Pag e | | | Police Station. |
| 1.07 | N.B – This form should accompany with all the nec | | |

