

FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	:-	Walgaon, Amravati City
2	CR NO / TAR-No / SDE No.	:-	12119 GLS 279, 337 IPC
3	Date Time and place of the accident	:-	12/01/19. at 22/30
4	Name of the place of the accident	:-	Padi River, Beish, Walgaon, Amr.
5	Name of Hospital to which he / she was removed	:-	General Hospital, Amravati
6	Number of vehicles and type of the vehicle	:-	Temp. MH-29-BE 1490 (and Car)
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	:-	Kiranking Chagan Chawan DL. No - MH 29 20100025067 PTO, Yavatmal, Maharashtra
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	Kisanlal, Gehiram & Co Yavatmal, Maharashtra
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	3003/LS4751831/00/000
10	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance policy Insurance Certificate	:-	ICICI. Lombard General Insurance Company. 08-04-18 to 05-04-2019
11	Action taken, if any and the result thereof	:-	M. Sachin Inspector of Police Walgaon Police Station Walgaon, Amravati

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