



FORM COMP AA
 [See Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	-	Wandgaon Peth
2.	CR. NO./TAR No./ SDE No.	-	241117 Sec-279, 337 IPC
3.	Date, Time and place of the accident.	-	10/07/2017 - 07:30 AM
4.	Name of the Injured /Deceased	-	SHAEED HAREIBHAY MOHOD
5.	Name of Hospital to which he /she was removed.	-	PHC- Mahuli Jyhadie
6.	Number of vehicles and type of the vehicle.	-	Santeo car - MH-12-AX-0696
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.	-	Rajesh Sampatdas Chhajed Mahavie Bhawan, NER, Te-nee Dist- Yavatmal DL No- MH29-20170007872
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	Vilas Bobade, Tukaram Bobade Yavatmal
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	IFFCO - TOKIO General Insurance Co. Ltd
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	-	Expiry Date - 25/04/2017 Policy No - 69689061
11.	Action taken, if any, and the result thereof.	-	
			 Inspector of Police, पोलिस ठाणे, वांदगाव पेठ, नाशिक शहर. ... 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.