## FORM COMP AA

[See Rules 253 ©, 254 (e) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

2. CR. NO/TAR No./ SDE No.  3. Date, Time and place of the accident.  4. Name of the Injured /Deceased  5. Name of Hospital to which he /she was removed.  6. Number of vehicles and type of the vehicle.  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.  8. Name and address of the Owner of the vehicle as in Alshulf Pohourae guide Pythonic Part Part 219, 137  15-08-17 to 219, 137  15-	-		- word or	
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and the Date of Validity of the insurance :- Policy/Insurance Certificate.	9.	whom the vehicle was insured and the Divisional	:-	
11. Action taken, if any, and the result thereof.	10.	and the Date of Validity of the insurance	:-	
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पो.स्टे म्हेर्पार प्रश				पो.स्टे मिलार्थ्य
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanar		N.B - This form should accompany with all the nece	essa	ry document viz. (1) F.I.R (2) Panchanama