



### FORM COMP AA

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

1.	Name of the Police Station	Bachman
2.	CR. NO./AR No./SDI No.	CR NO. 241/17 U/R 279, 352, 338, 304 U/R
3.	Date, Time and place of the accident.	16/10/2017 time 12:19 before
4.	Name of the Injured / Deceased	Urvil Bhausaheb Karyekar
5.	Name of Hospital to which he /she was removed.	Govt. General Hospital An
6.	Number of vehicles and type of the vehicle.	MH 14 CC 7322, Scorpio
7.	Name and address of the Driver of the vehicle with particulars of 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.	Rahul Jivan Kulkarni DL. 52577/C/DSD/P103 Govt. P. S. PTO Patiala Valid up to. 25/12/2018
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Kate Kulkarni D. Pimple Lake Vast. Anand Pune
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Bhosale Anand Kulkarni Insurance Company Ltd
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	EPV / 55925502/21/04 004872/ valid up to. 22/04/2018
11.	Action taken, if any, and the result thereof.	

Inspector of Police.  
Bachman Police Station.

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