2716/17
24/10/17

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	:-	फ्रेजरपुरा अमरावती शहर
2.	CR. NO./TAR No. SDE No.	:-	अप.क्र. 735/17 कु. 304 (A), 337 IPC
3.	Date, Time and place of the accident.	:-	12/09/17 चे 23.45 वा. दर. सुपरवायसेपुल्लव
4.	Name of the Injured /Deceased		[illegible]
5.	Name of Hospital to which he /she was removed.	:-	[illegible] अमरावती.
6.	Number of vehicles and type of the vehicle.	:-	[illegible] - MH-27-X-1314 (दुचाकी)
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.	:-	शहजाद अहमद महमद शकील वय 31 वर्षे रा. नाजनगर नं. 2 जुने ए.ईस्लाम मस्जीद चे जवळ PS नागपुरी गेट अम. हा. वाहन परवाना नं. MH-27-20080029439 21/02/2018 पर्यंत LMV-TR-TRANS
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	[illegible] वय 47 वर्षे रा. [illegible] मार्केट [illegible] अमरावती मो. नं. 9823072900
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The Oriental insurance company LTD (Govt. of india undertaking I.R.D.A Regd. No 556 [illegible] 1st Floor Badnera Road Amt. 444601
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	:-	पॉलिसी नं. 182300/31/2018/2398 from 11-00 on 11/07/2017 To midnight of 10/07/2018
11.	Action taken, if any, and the result thereof.	:-	सदर गुन्हयातील आरोपीचे विरुद्ध दोषारोपपत्र न्यायालय दाखल करण्यात येते.
			Inspector of Police .....Police Station

पोलीस निरीक्षक
पो. स्टे. फ्रेजरपुरा,
अमरावती शहर.

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

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