

उपलब्ध करा

जावक/सांक क्र. 1721/2017  
दिनांक 24/07/2017

FORM COMP AA

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

1.	Name of the Police Station	:- फ़ेजलपुरा
2.	CR. NO./IAR No. SDE No.	:- CRN. 522/17
3.	Date, Time and place of the accident.	:- 26/6/17 - चं. रात्री 8-30 वा. घटनास्थल - हेली ब्रान्स
4.	Name of the Injured /Decased	:- दिपक जगन्नाथ अच्यंकर - सीगळी अम.
5.	Name of Hospital to which he /she was removed.	:- जे. ला. रुग्णालय अम.
6.	Number of vehicles and type of the vehicle.	:- दोळेरो (MH-28-V-9594 VLS MH-27 BM-1275)
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.	:- ड्रायव्हर - बोकरो - डाजी सैयद फ़ादर जैनुळ आवेदीग - MH-27-20100040813 रु. नागापुरी जे. डाजीपुर अमरावती - AMRAVATI. P. T.O. अम. ISSUING AUTHORITY - MH-27 20 10 81
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- गाडी मालक - धोलन गोपाळदास वसति (बोकरो) ध. ना. वे. 26/6/17 चं. रात्री 8.30 वा. व. ज. फ़ि. दिपक जगन्नाथ अच्यंकर - कुवाडी इम. अम.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- रिनायस थिमा इमपनी - 1st floor SAMRUDDHI ARCADE, OPPOSITE CENTRAL (W), ALSI Plot, AKOIA
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- पोलिस - 1716 26 231100 1613 डा. का. वे. 24 ऑक्ट 2016 ते 23 ऑक्ट. 2017. रिनायस इन्शुरन्स कंपनी - VLS फ़ि. कुवाडी - ड. MH-27 BM-1275 - 21/10/2013/2018
11.	Action taken, if any, and the result thereof.	:- offence registered against accused.
		परिष्कारित पो. स्टेशन
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate Post Mortem Report.		