वातास स्टानः वटना स्परक्या (सह आ./जा. ग्रेनाव 17231) विनळ <u>१1111</u>

FORM COMP AA

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

	Name of the Police Station	:•	Badnena Amnavati Ch
	CR. NO/TAR No./ SDE No.	;-	507/17-27)427 THE FW 154
3.	Date, Time and place of the accident.	:-	5DE40-23/17-11.50. 25-9-2017-00130 Amnuruh po Badnessa Roud My Bride.
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.	;-	MH27-BE-1676-ilo Hundal 502242
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said		Bu-Bhunshni Dilip Tayarade Alp. Knunti Colony Amnavati
	Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in	:-	DL H 10427 200800,24436 P.T. O Amnuvalti
	case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.		Yird Tm - 23-18-2818 (HT)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:	Alb- Mound Colons HE Dazed
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1	Future Correct Isolly Ison
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		H-4253502
11.	is and the result thereof	:-	
		37 00.00	Inspector of Police,
-			Police Station.
	N.B – This form should accompany with all the ne (3) Medical Certificate/Post –Mortem Report.	ces	sary document viz. (1) F.I.R (2) Panchanama

