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FORM COMP-1A

[See Rules 230, 254 (c) (iii), 254(b) (ii) & (iii)]
REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1.	Name of the Police Station	Nangoon Peth
2.	CR. NO./AR No. SDE No.	300/17 Ar 2017, 537 2014 Ar
3.	Date, Time and place of the accident.	21/08/17 - 06:45 a
4.	Name of the Injured/Deceased	Dr Sachin Jagdish Bhatia 22 Vinod Panchsani
5.	Name of Hospital to which he/she was removed.	Twin Hospital, Amravati
6.	Number of vehicles and type of the vehicle.	14 Type Truck No. CG-04 305420 Tree Truck No. MP 48-G. 1814
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.	Sachin Jagdish Bhatia At. P.M. No. 61 Khedli Bazar, Khedli, Amli, Bastul, MP Iss. D.L. - 1.8.2016 Badge No. 2255/14 Iss. : 31.7.2013
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Pieomal Logistics Pvt LTD.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	New India Assurance Co. LTD. 5th floor, popular House, Ashram Road, Ahmadabad.
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	210400811701000004239 not valid - 29/06/2018
11.	Action taken, if any, and the result thereof.	

Inspector of Police: *veem*
 Police Station: पोलीस निरीक्षक
 पोलीस स्टेशन, नदिगाव पेठ
 अमरावती शहर

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