

## FORM COMP AA

[See Rules 253 ©, 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.	:-	646/17 कलम 279, 427 भा.द.वि.
3.	Date, Time and place of the accident.	:-	2/7/2017 से 22:20 वा.
4.	Name of the Injured /Deceased	:-	तन्मय निलीन जोशी वय 21 वर्ष शा पलवेक
5.	Name of Hospital to which he /she was removed.	:-	जिल्हा सामान्य कागालय अमरावती
6.	Number of vehicles and type of the vehicle.	:-	पॅशन पी गाडीक. MH-27 AP 7268
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.	:-	पंकज गोपाळराव शाहे शा अमरावती लायसन्स नं. MH27 20160012476
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	पंकज गोपाळराव शाहे
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	BAJAJ Allianz. 06-17-2101-1801-0000 6095 7/12/2016 से 6/12/2017 से 24:00 midnight
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	06-17-2101-1801-0000 6095 7/12/2016 TO 6/12/2017
11.	Action taken, if any, and the result thereof.	:-	मुन्हा दाखल
			Inspector of Police, FREJAPUR, Police Station, Amravati.
<b>N.B</b> – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.			

पोलीस निरीक्षक  
पोलीस स्टेशन, फ्रेजरपुरा अमरावती

