पोलास स्टेशन, बडनरा अमरावती विक्ता आ./जा. क्रमाक 1539117) दिनाक 410219

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	:-	Budnewy Amnovadí City
2.	CR, NO./TAR No./ SDE No.		466 17 - 279, 337 IFC
3.	Date, Time and place of the accident.	;-	SDE Ho - 44/17 - 17-50 61917 - 14-03+14-10 Ram Method
١.	Name of the Injured /Deceased	:-	college chrule Badnerd Supertimenty
5.	Name of Hospital to which he /she was removed.	;-	District General Hospital
5.	Number of vehicles and type of the vehicle.	;-	MH27-X3077 Mahindres Bolens
7.	Name and address of the Driver of the vehicle		Ravinday Manikpad Metkan
	with particulars or Driving License of the said		AT- 42 New Problet Colony
	Driver and the address of the Issuing Authority of	:-	DL Ho- MAZT-20080002088
	the said Driving License. The number of Badge in		Mulil Till- 24-06-2011 (TE)
	case of Public Service Vehicle and the address of		LMV-TR -20-12-2077
	the Issuing Authority of the said Badge.		RT. O Ammaradi
3.	Name and address of the Owner of the vehicle as	;-	COLD I TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
	it stands on the date of the accident.		42-Hew Probhat Colony
).	Name and address of the Insurance Company with		The New India Assumance
	whom the vehicle was insured and the Divisional	:-	Co. LTD Dhenmadaya Cotto
	Office of the said Insurance Company.		Heupama
10.	Number of Insurance Policy /Insurance Certificate		16060031160200067525
	and the Date of Validity of the insurance	;-	03/03/2017 +02/03/2018
	Policy/Insurance Certificate.		11.20 bm.
11.	Action taken, if any, and the result thereof.	:-	-
		-	Inspector of Police.
		+	Police Station.
-		+	
	N.B – This form should accompany with all the ne		

वरिष्ठ पीलील निरीक्षक पोलीस अर्थलनः बडनेस अमरावती (शहर)