


पो.स्टे. गाडगे नगर, अमरावती
आवक/जाचक क्र. 2683
दिनांक 10/8/17

FORM COMP AA

{See Rules 243 c, 244 (c) (iii), 244 {८० 244 (9) (iv) }

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
२	CR.No./TAR No./ SDE No.	५५०१११ क. २१७ ३३८, ३३८ आ १५९ , १९५, MV १५८
३	Date Time and Place of the accident\	०८/०७/२०१७ चे १६.३०००.
४	Name of the Injured / Deceased.	आदर्श लक्ष्मण शंकरराव ४ वर्ष
५	Name of Hospital to which he/she was removed,	
६	Number of vehicles and type of the vehicle.	एक वाहन
७	Name and address of the Driver of the vehicle with particulars of 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 Vehicles and the address of the Issuing Authority of said Badge.	नाही
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	शेख सलीम शेख जहीर गौरीया मस्जिद जवळ आकाश नगर अमरावती
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	आयुजी आयुजी आयुजी लोबांडी जनरल इन्शुरन्स कंपनी लोबांडी हाऊस ५१५ वीड सावळगर मार्ग प्रकाशवी, मुंबई
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	२६-११-१५ ते २६-११-१७ २०१७
११	Action taken, if any, and the result there of.	
		 पोलीस निरीक्षक पोलीस स्टेशन, गाडगे नगर अमरावती (अ). Inspector of police Gadgenager police station
	N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.	