

FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (d) (2) (iii)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	फ़ेजपुरा अम शहर
2.	CR. NO./AR No./ SDI No.	569147 क्र. 279,337 आरवी
3.	Date, Time and place of the accident.	9/07/17 चे 13:30 वा. सुभाष चौकने.
4.	Name of the Injured / Deceased	शुक्रान विवेक धुवे
5.	Name of Hospital to which he /she was removed.	अनुष्ण विवेक धुवे
6.	Number of vehicles and type of the vehicle.	रेडीयन्ट शुपर स्पेशालिटी हीलथ्सेक क्लिनिक
7.	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 Vehicle and the address of the Issuing Authority of the said Badge.	अहो 800 गाडी क्र. MH-27 BE-8829 गाडी माळक विनादे शम्भुमठ तारकेना रा शिद्ध नगर अम गाडीमा माळक नामने आयुधाय भायने वय 59 सा. कच्छ नगर गा. नं. MH27. 19830002582 Date Valid. 08/06/2019
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	नामने आयुधाय भायने वय 59 वर्ष सा. कच्छ नगर. सावा हराम सोयाम
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	HDFC ERGO General Insurance Company Limited
10.	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate.	2999201363863000 Date 15/11/2021
11.	Action taken, if any, and the result thereof.	

Inspector
 वरिष्ठ पोलीस विभागात
 पोस्टे फ़ेजपुरा अम. (सावा)

N.B - This form should accompany with all the necessary documents viz. (1) FIR (2) Panchanama (3) Medical Certificate Post Mortem Report.