पालास स्टेशन, यहनरा अपरावता (शहर औ. / फा. क्याफ <u>1613 | ] ]</u> चित्राक <u>26 | ] 0 | ] ]</u>

## 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		Bidnewa Ambavati City
2.	CR. NO./TAR No./ SDE No.	, a	505 117 - 279,338 INC SOCH 37
3.	Date, Time and place of the accident.  Name of the Injured /Deceased	) a	22-9-2017 - 19.00 PH Kondes Road Kathewali Hetchem Ps Budu Kisch Pavashnay Khulasam Bl, Govindous Distroict Georgial Hospital Am
5.	Name of Hospital to which he /she was removed.	i e	
6.	Number of vehicles and type of the vehicle.	10	MH-44-B: 202 Toto Indigo Monz
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.	:-	Taimohamad Mohy. Ismail RIF. Ist Hagoby Ode Ratangani P.S. Hagomegate Amnuvati L. M.V. TR DL. NO-MH27-20030052089 R.T.O Amnavati Valid IIII-16-10-2018 (TK)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	j.	Bismilla Bays Yasin Baig RIP. Mean Rum Mundin old Tow Badnesa Bronava H
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:•	The New India Assurance Co. 2d1. Dhamangaon Mi and office Phalkamal manked Ganini choud Dhamangaon Riy Am- <44709
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	20-7-2017 to 19-07-2018
11.	Action taken, if any, and the result thereof.	:-	
S. Super at N. S.			Inspector of Police,
	A CONTRACTOR OF THE PARTY OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR OF THE CON	a best	Police Station.

