


FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	Amjalon	134 AB MV AT
2.	CR. NO./TAR No./ SDE No.	166/2017 U/S 279, 338 IPC R/W	
3.	Date, Time and place of the accident.	13/7/07 at 18/30 pm Thana	
4.	Name of the Injured /Deceased	Revindra Chindugi Deshkar	
5.	Name of Hospital to which he /she was removed.	Rural Hospital Amjalon	
6.	Number of vehicles and type of the vehicle.	Unknown Motor cycle	
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.	-	
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	-	
11.	Action taken, if any, and the result thereof.	Police Pending	
		IO - NPC Lanjewar/113	
		Inspector of Police.	
		Amjalon Police Station.	
<p>N.B - This form should accompany with all the necessary document viz. (1) I.L.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.</p>			


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