

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	Amgaon
2.	CR. NO./TAR No./ SDE No.	162/2017 U/S 279, 337338 IPC
3.	Date, Time and place of the accident.	11/7/2017 At 1430 pm Gortha
4.	Name of the Injured /Deceased	0 Rajendra Laxman Khotale 35 yr.
5.	Name of Hospital to which he /she was removed.	Central Hospital Gondia
6.	Number of vehicles and type of the vehicle.	Trak (matyador) MH-16/AY 927
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.	Netsam Shobharam Gedam 48 Ys. Kikripur
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Ravindra Jain Amgaon
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Tata AIG Insurance Ltd. Peninsula Business Park Tower A, 15 Floor G.K. Marg Mumbai 400013
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	0182699241/000000/00 5/7/017 to 4/7/2018
11.	Action taken, if any, and the result thereof.	Police pending
		IO - Asf Bais/1280 Inspector of Police. Amgaon Police Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.		

पोलीस निरीक्षक
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जिल्हा-गोंदिया