FORM COMP AA

[See Rules 253©,254 (c) (iii),254 (80)255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Chatursbrungi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	CR 430/17 IPC 279,337 MV Act 119/177
3	Date, Time and Place of the accident	:-	Date 31/07/2017 Time 20/40, pashan link road umaji chowk pune
4	Name of the Injured/Deceased	:-	Mrunal Anil Deshpande Age 69 Add. E 602 Rolling Hills App. Baner Pashan Link Road Pune
5	Name of the Hospital to which he/she was removed.	:-	Medipoint Hospital Aundh pune
6	Number of the Vehicles and type of the vehicle.	:-	MH 31 EK 2651, Hyundi Grand I 10 Sportz 1.2G
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.	:-	Tejaswini Rajendra Chavan, Age 31 Add Flat no. 46 Vidyanagar near Fire Engineering College katol road Nagpur Driving Licence No. MH3120080059855 Issuing Authority MH31 200830
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rajendra Singh R Chauhan Add P No. 46 Purnima Rajvaidya nagar NR Prena nagar katol road Nagapur 440013
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Bhrati Axa General Insurance Company ltd, 1st Floor Icon S.No. 28 Doddanekundi Bangalor 560037
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy No. FFV/I2286140/2C/12/004641 Date Of Validity 26/12/2017
11	Action taken, if any, and the result thereof.	:-	Investigation
			HC 5476 S.B.DHAMAL
			Chatursbrungi Police Station Pune City
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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