

FORM COMP AA

(See Rules 253©,254©(iii),254(80)255(I)(i)

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of police station	:-	Chaturshurungi police station pune
2	CR.NO/TAR No/SDE No	:-	344/2017 I.P.C-279,338,427,M.V.A-184
3	Date,Time and place of the accident	:-	13/06/2017.04.45 PM.at-off bhrtividdybhavan school shenapatibapat road pune-16
4	Name of the injured/Deceased	:-	Kapil ajit Manjrekar ge-35 yrs R/O 111/8 Anadcolnayprabhat road pune
5	Name of the Hospital to Which hi/she was removed.	:-	Deenanathmangeshkar hospital pune
6	Number of the vehicles and type of the vehicle.	:-	MH-12-LS-3461BAJAJ PULSAR- 220&MH-12-MM3082 Bajaj avengar
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.	:-	Ashish mahendrajawale 13,tadivala road pune-411001 Driving licese no- MH12/0117708/2017 Issued by R.T.O. PUNE
8	Name and address of the owner of the vehicle as it stands on the date of the accident.	:-	Bhaupopatshinde 13,tadivala road pune-411001
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company.	:-	Liberty videcon general insurance company limited Reg office-10 th floor,tower a peninsula business park ganpatraokadmmarg lower parel Mumbai-400013
10	Number of insurance policy/insurance certificate and the Date of validity of the insurance police/insurance certificate.	:-	Policy/insurance BQA201529013152000177 Vailidity-29/01/2015 to 28/01/2016
11	Action taken ,ifany,and the result thereof.	:-	Chargesheet is submitted against the accuse Chargesheet no- /17 Date- /09/2017

Inspector of police

Police station name-Chaturshurungi

**N.B-This form should accompany with all necessary document viz.1)F.I.R
2)Panchanama 3)Medical certificate/post mortem riport.**