

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	:-	Chaturshrungi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	Cr.No. 311/2017 IPC 279,427. M.V.Act 184,185,119/177
3	Date, Time and Place of the accident	:-	12/06/2017 AT 18.00 To 18.30 Bitwin In Front Of Hotel Vink Lonch, Ganesh Khind Road, Pune.
4	Name of the Injured/Deceased	:-	No Injured
5	Name of the Hospital to which he/she was removed.	:-	-----
6	Number of the Vehicles and type of the vehicle.	:-	Maruti Suzuki SX MH-12, EX-7789 Honda City MH- 12, AB-4201 Toyoto Artis MH-12, EP-0099
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.	:-	Vinodkumar Surendarsing Jat. Age-31, R/O Miletry Hospital Khadki,Pune Driving License No.GJ01-20120070834 Issued by RTO Gujrat
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sunita Vikram Advani R/O 257, Sindh Housing Society Road No 2 Aundh Pune 411007
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	National Insurance Company Ltd Reg Off – x Flat No.101-106, 1 st Floor,N-1 BMC House, Connaught Place, New Delhi-110001
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy / Insurance Certificate no. HNC/00179601 Validity – 27/06/2015 to 26/06/2016
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			PSI R.A.Godse
			Chatushrungi Police station
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		