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	:-	CHINCHWAD POLICE STATION PUNE CITY
2	CR.NO/TAR No/SDE No	:-	168/2017 IPC-279 337 MV ACT- 119/177
3	Date, Time and Place of the accident	:-	28/06/2017
4	Name of the Injured	:-	GOVIND BADRINATH KOLHE
5	Name of the Hospital to which he/she was removed.	:-	DIWAN HOSPITAL NIGADI PUNE
6	Number of the Vehicles and type of the vehicle.	:-	HERO HONDA SPLENDER MH-14 DG-6477
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.	:-	GOVIND BADRINATH KOLHE AGE-36 AT- FLAT NO-18 VAISHNAV RECIDENCY KUDALWADI CHIKHALI PUNE Driving License.- MH-1420040002332
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	GOVIND BADRINATH KOLHE AGE-36 AT- FLAT NO-18 VAISHNAV RECIDENCY KUDALWADI CHIKHALI PUNE 28/06/2017
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No Insurance
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	No Insurance avalible
11	Action taken, if any, and the result thereof.	:-	CHARSHEET HAS BEEN SUBMIT JMFC COURT PIMPARI PUNE DATE-21/08/2017
			Inspector of Police
			Police station name -