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	:-	SHIVAJINAGAR POLICE STATION
2	CR.NO/TAR No/SDE No	:-	3/18
3	Date, Time and Place of the accident	:-	8/1/2018 7.00 BANK OF MAHARASHATRA BHUYARI MARG
4	Name of the Injured/Deceased	:-	
5	Name of the Hospital to which he/she was removed.	:-	
6	Number of the Vehicles and type of the vehicle.	:-	
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.	:-	
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	/
11	Action taken, if any, and the result thereof.	:-	
			Inspector of Police
			Police station name -