

# FORM COMP AA

[See Rules 253@.254 (a) (iii), 254 (80) 255 (i) (iv)]

## REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	SINHGAD ROAD POLICE STATION
2	CR,NOTAR No SDE No	:-	23312017 IFC 273,332,304A; M v Acc - 184-1191177, 132 (1) (6)
3	Date, Time and Place of the accident	:-	DT 04/07/2017 AT 2330 APPROXIMATELY BANGLORE - MUMBAI HIGHWAY, IN FRONT OF TAYSHILA SOCIETY MARHE PUNE
4	Name of the Injured Deceased	:-	UNKNOWN FEMALE, AGE 35 YR APPROXIMATELY
5	Name of the Hospital to which he/she was removed	:-	JASOMI HOSPITAL PUNE
6	Number of the Vehicles and type of the vehicle.	:-	UNKNOWN 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 Policy /Insurance Certificate.	:-	—
11	Action taken, if any, and the result thereof.	:-	—

Inspector of Police  
Sinhgad Road Police Station, Pune city

  
 सिंगड रोड पोलीस ठाणे, पुणे शहर