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	:-	147/2017 IPC-279 338 MV ACT-184,132, (1) (K) 119/177
3	Date, Time and Place of the accident	:-	01/06/2017
4	Name of the Injured/Deceased	:-	GAYATRI SAGAR BELSARE
5	Name of the Hospital to which he/she was removed.	:-	LOKMANY HOSPITAL CHINCHWAD PUNE
6	Number of the Vehicles and type of the vehicle.	:-	MAHINDRA WEGO MH-14 ES-3947
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.	:-	GAYATRI SAGAR BELSARE AGE-38 AT-HARSHMAY HIGHTS MOHAN NAGAR CHINCHWAD PUNE Driving License- MH-12/03/413620
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	GAYATRI SAGAR BELSARE AGE-38 AT-HARSHMAY HIGHTS MOHAN NAGAR CHINCHWAD PUNE 01/06/2017
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	RELIANCE CENTER WALCHAND HIRACHAND ROAD BALLARD ESTATE MUMBAI
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	990296231228766 Insurance Date of Validity-31/12/2017
11	Action taken, if any, and the result thereof.	:-	CHARSHEET HAS BEEN SUBMIT JMFC COURT PIMPARI PUNE DATE-17/08/2017
			Inspector of Police
			Police station name -