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	:-	Sangvi Police Station
2	CR.NO/TAR No/SDE No	:-	369/2017 IPC 279,337,338,304(A) M.V.Act 117,199,135
3	Date, Time and Place of the accident	:-	12/09/2017 Time 21/00 Am At Aundh Road pune
4	Name of the Injured/Deceased	:-	Srikant pandit ,age 69 yrs
5	Name of the Hospital to which he/she was removed.	:-	1) Applie hospital pune 2) Biral hospital pune chinchwad
6	Number of the Vehicles and type of the vehicle.	:-	Two wheeler moped TVS jupitar MH 14 fh -2017
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.	:-	UNKNOWN
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Tushar Srikant pandit Adress – Laxmi nagar laxmi chembres niagdi pune -44
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	As per the policy namber 9902952312062315 Date – 17/11/2015 upto 16/11/2016
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	As per the policy namber 9902952312062315 Date – 17/11/2015 upto 16/11/2016
11	Action taken, if any, and the result thereof.	:-	The above complaintent Tushar sirkant pandit has fir unknown Vhichle
			Police Sub Inspector
			Police station name – Sangvi Police Station Pune City
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		