

## FORM COMP AA

[See Rules 253©,254 (c) (iii),254 (80)255(1)(iv)]

### REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

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|----|--|----|---|
| 1  | Name of the police station   | :- | Koregaon Park Police Station, Pune City   |
| 2  | CR.NO/TAR No/SDE No  | :- | 178/2017, IPC – 279, 337, 427 & Mv. Act 119/177, 184  |
| 3  | Date, Time and Place of the accident   | :- | Date – 17/10/2017, Time – 01/15, Place – OverFiy Opp. Sent mirra College, Pune  |
| 4  | Name of the Injured/Deceased   | :- | 1) Imtiyaz Ibrahim Tamboli, Age – 42, Adrees – Raj Tower, C wing, Katraj, Pune ( <b>Complainer Injured</b> )<br>2) Tanveer Sabir Shaikh, Age – 38, Address – Kondhwa, Pune ( <b>Injured</b> ) |
| 5  | Name of the Hospital to which he/she was removed.  | :- | Sassoon Hospital  |
| 6  | Number of the Vehicles and type of the vehicle.  | :- | 1) Mahindra Duro Motor Cycle No. MH-12/JR/9723 ( <b>Complainer vehicle</b> )<br>2) Motor Cycle No. MH-12/HV/4292 ( <b>Accused vehicle</b> )   |
| 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. | :- | 1) Imtiyaz Ibrahim Tamboli, Age – 42, Adrees – Raj Tower, C wing, Katraj, Pune Mob. No. - 9960937499 License No. – MH 12 20030413139 (PUNE RTO) ( <b>Complainer</b> )                         |
| 8  | Name and Address of the Owner of the vehicle as it stands on the date of the accident.   | :- | Yugal Motilal Sambray, Adress – Sr.No.604/605, Plot No. Yugal Apt. Lullanagar, Pune Mob. No. – 9763568583 ( <b>Accused vehicle Owner</b> )  |
| 9  | Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.   | :- | THE NEW INDIA ASSURANCE COMPANY LIMITED<br>Address – Atur Chambers, 2 Moledina Road, Next Bank Of Baroda, Pune 1 ( <b>Accused vehicle</b> )   |
| 10 | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.   | :- | Policy No. – 15250031160300000138<br>Date of Validity – 05/04/2016 TO 04/04/2017  |
| 11 | Action taken, if any, and the result thereof.  | :- | Crime Register Under Section IPC – 279, 337, 427 & Mv. Act 119/177, 184   |
|    |  |    | <b>Inspector of Police</b>  |
|    |  |    | <b>Koregaon Park Police Station</b>   |