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	:-	Bharti vidyapeth police staion
2	CR.NO/TAR No/SDE No	:-	592/17
3	Date, Time and Place of the accident	:-	02/12/2017 opp to r k biryani house on trumurti chowk to dhankawadi road bharti vidyapeth pune
4	Name of the Injured/Deceased	:-	Shrutika Ajinkya bhosale
5	Name of the Hospital to which he/she was removed.	:-	Katariya hospital
6	Number of the Vehicles and type of the vehicle.	:-	Tvs appachi vechicle no mh/12/nh/6975
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.	:-	Sagar panjabrao deshmukh add- mukam post masaru taluka buldhana jilha buldhana Currunt add- vinaya app,shri sonwane residenciy flat no 12 , near vithal mandir ambegaon budruk pune Pune rto liacence no- mh12 201101169256 Valid till /01/09/2021
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Akshay deshmukh add darshan appt flat no 6 vishrathwadi pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Icici Lombard general insurance co ltd
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy no 3005/AI-10747700/00/000 VALID TILL- 23AUG 2017
11	Action taken, if any, and the result thereof.	:-	Driver on vehicle arrest and went to shivajinagar court
			Inspector of Police HC5330 Patil
			Police station name - BHARTI VIDYAPETH POLICE STATION
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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