

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	:-	Bhosari Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	336/2017 Date 02/08/2017 IPC 279. 337.427 M.V.Act . -119/ 177 184
3	Date, Time and Place of the accident	:-	Date – 02/08/2017 Time – 07/45 Pajarpol ckouk Bhosari pune
4	Name of the Injured/Deceased	:-	Ramdas popat bhgat
5	Name of the Hospital to which he/she was removed.	:-	Sainath Hospital moshi
6	Number of the Vehicles and type of the vehicle.	:-	Bus - MH/14/BA9654
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.	:-	Sahaji genbhau doudkar age 55 year Add. Tulapur tai. Haveli . dist - pune . License – NO
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Traval time car rental pvt ltd
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Traval time car rental pvt ltd a/p malunj tal mulshi dist pune
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy number 15010031160100007886 Period of cover – 06/10/2016 12.00 am to 05/10/2017 11.59 pm
11	Action taken, if any, and the result thereof.	:-	Chargsheet is submitted against the accused name Chargsheet NO- /2017
			D.K. Kulkarni Sr . Inspector of Police
			Police station name Bhosari Police Station PUNE CITY