# 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 | :- | Chandannagar pune city |
| 2 | CR.NO/TAR No/SDE No | :- | Cr no.3060/2017 ipc 279,337 427 MVAct 184,119/177 |
| 3 | Date, Time and Place of the accident | :- | 17/7/2017 at 10.00.place of infront of ZS company,kharadi pune |
| 4 | Name of the Injured/Deceased | :- | Shri kishor shivaji Umbre r/o rajaram patilnagar khradi pune |
| 5 | Name of the Hospital to which he/she was removed. | :- | Swasthya clinic kharadi pune |
| 6 | Number of the Vehicles and type of the vehicle. | :- | Tata indigo car no.mh12/nb 1648 |
| 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. | :- | Shri kishor shivaji Umbre r/o rajaram patilnagar khradi pune |
| 8 | Name and Address of the Owner of the vehicle as it stands on the date of the accident. | :- | Anil raosaheb jagtap r/o sr.no.10/11,sukhsagarnagar,b/h banker vidyalay katraj pune |
| 9 | Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | :- | Bharti axa general Insurance company ltd |
| 10 | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate. | :- | 59233746- date 4/8/2016 -3/8/2017 |
| 11 | Action taken, if any, and the result thereof. | :- | Accused name - kishor shivaji Umbre r/o rajaram patilnagar khradi pune is arrested and chargesheet is sent to court.of the JMFC no 5,shivajinagar pune |
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| | | | Inspector of Police |
| | | | Police station name - Chandannagar pune city |