

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	:-	Chaturshrungi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	CR.NO. -51-2018 IPC 279,338,427, MV ACT 184,119/177,3(1)181/5(1)180
3	Date, Time and Place of the accident	:-	23/01/2018 AT 18:30 Savitribai Fule Pune Univarcity Chowk Pune.
4	Name of the Injured/Deceased	:-	1) Sonali Sachin Arsude Age 35 R/O - Ro House No 14 Sanidhy Ancluve Pimple Nilakh Pune (Injured)
5	Name of the Hospital to which he/she was removed.	:-	1) Sasoon Hospital Pune.
6	Number of the Vehicles and type of the vehicle.	:-	1) MH-14 EL- 0858 Activa (Two Whiler) 2) MH-13 CX- 1999 Bulet (Two Whiler)
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.	:-	Sonali Sachin Arsude Age 35 R/O - Ro House No 14 Sanidhy Ancluve Pimple Nilakh Pune Driving License No. – MH30/1109/2005 Issued by RTO Akola Kiran Anil Thorat Age 22 R/O – At Post Takli Dhokeshwar Taluka Parner Dist Ahamadnagar Driving License No. – No License Issued by RTO
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sachin Subhash Arsude Age 40 R/O - Ro House No 14 Sanidhy Ancluve Pimple Nilakh Pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) MH-14 EL- 0858 Activa (Two Whiler) No Insurance 2) MH-13 CX- 1999 Bullet (Two Whiler) Insurance – ICICI Lombard
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy /Insurance Certificate.	:-	MH-13 CX- 1999 Bullet (Two Whiler) Policy No- 3005/RF.12024011/00/000 Date of Validity of the insurance Policy - 12/10/2018
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			S. M. Pardhi
			Head Constabel 1270
			Chaturshrungi 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.		