


FORM COMP AA

[See Rules 253 & 254 (a) (iii), 254 (80) 255 (1) (iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	- SINHGAD ROAD
2	CR. NO. / AR. No. / SDI. No.	- 238/17 IPC Code - 279, 338, 412 & 7M.V. act no - 119/177
3	Date, Time and Place of the accident	- 08/09/2017, 05:15, PUSHPAK SWEET MART, SINHGAD ROAD, PUNE
4	Name of the Injured/Deceased	- ① SUHASINI CHANDRASHEKHAR KULKARNI ② MADHURI JAYANT DESHPANDE ③ ATUL BALKRISHNA CHANDGUDE
5	Name of the Hospital to which he/she was removed	- ① DENANATH MANGESHKAR HOSPITAL PUNE ② PUNA HOSPITAL PUNE
6	Number of the Vehicles and type of the vehicle.	- MH04 GS 5175
7	Name and address of the Driver of the vehicle with particulars of 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	- ASHOK VINOD KUMAR DAY, AGE-22 ADD - KING KONG NAGAR, KUPANE CHAL DONGARIPADA, THANE (W). MOB - 9920287429 MH04 20160020531
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	- ANANT MURLIDHAR OAK, AGE - 42 KOKAN SAHIVAN, DAYA NAGAR, SHANDUP (W), MUMBAI. 08/09/2017.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-
10	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	-
11	Action taken, if any, and the result thereof.	-

Inspector of Police
Sinhgad Road Police station, Pune city

सिंहगड रोड, पोलीस ठाणे, पुणे शहर