

# 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 364/17 IPC 279,338,427 MV Act 119/177
3	Date, Time and Place of the accident	:-	Date 06/07/2017, Time 09/15 A.M. Breman Chowk Aundh Pune
4	Name of the Injured/Deceased	:-	Kapil Kailas Kathe Age 33 Add. Pawar Nagar No.2 S.No.12/5 KalaKunj Nivas Thergao Pune
5	Name of the Hospital to which he/she was removed.	:-	Shashwat Hospital Aundh Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH 14 GF 0255, Bajaj Pulsar 220
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 Lahu Redde, Age 24 Add Vinayak Nagar House No. 15 Navi Sangvi Driving Licence No. MH1420120008770 Issuing Authority – MH142013146
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sagar Lahu Redde, Age 24 Add Vinayak Nagar House No. 15 Navi Sangvi
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New India Insurance Company, Add Rahul Chambers Opposite fourbace marshal Mumbai-Pune Road Kasarwadi Pune
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy No.9561628007 Validity Date 23/02/2018
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			HC 1270 S.M.PARDHI
			Chaturshrungi Police Station Pune City
	<b>N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.</b>		