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	:-	CHINCHWAD POLICE STATION PUNE CITY
2	CR.NO/TAR No/SDE No	:-	295/2017 IPC-279 337 427 MV ACT-119/177 132
3	Date, Time and Place of the accident	:-	30/11/2017
4	Name of the Injured	:-	ANJANA VISHWAS GAVDHE
6	Name of the Hospital to which he/she was removed.	:-	YCM HOSPITAL PIMPARI PUNE
7	Number of the Vehicles and type of the vehicle.	:-	MH-43 H-1047 TATA 1512
8	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.	:-	ANKUSH RAMRAO MANERAO AGE-30 ADDRESS-BALAJI NAGAR NRAR NIKHIL FLOAR MILL TELCO ROAD PUNE Driving License-MH-1420076811000
9	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	SUJIT SHIVAJI NIMBALKAR ADDRESS-A/P B112 H.A.COLONY PIMPARI COLONY-411017 date of the accident-30/11/2017
10	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	BAJAJ ALLIAANZ GENREL INSURANCE COMPANY LTD GE PLAZA AIRPORT ROAD YERWADA PUNE
11	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	OG-18-2016-1831-00000226 Date of Validity-12 JUN-2018
12	Action taken, if any, and the result thereof.	:-	CHARSHEET IN PROCESS
			Inspector of Police
			Police station name -