

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	:-	BIBWEWADI POLICE STATION
2	CR.NO/TAR No/SDE No	:-	173/2017
3	Date, Time and Place of the accident	:-	08/06/2017 Time 19.15 Opp. Parsnis Hospital Bibwewadi, Pune.
4	Name of the Injured/Deceased	:-	Tilotamma Vinod Khandelval, age- 27, A/P. Avanti kunj, Flat no. 14, Bibwewadi Gaonthan, Pune.
5	Name of the Hospital to which he/she was removed.	:-	Sancheti Hospital, Shivaginagar, Pune.
6	Number of the Vehicles and type of the vehicle.	:-	Accused – MH 12 NC 8705.
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.	:-	Tanya Rahul Zad, age- 15, A/P- Lake Town Sos., 5 d Biulding, Flat no. 802, Katraj, Pune.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rahul Surendra Zad, age- 42, A/P- Lake Town Sos., 5 d Biulding, Flat no. 802, 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.	:-	RELIANCE GENERAL INSURANCE RELIANCE CAPITAL COMPANY, A/P- Reliance Center, South wing, 4 th Floor, Off. Western Express Highway, Santacruz (East), Mumbai-400055
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy no. 920221723120395174 Date- 28/05/2018
11	Action taken, if any, and the result thereof.	:-	Court Pending.
			Inspector of Police
			Police station name – Bibwewadi Police Station, Pune.