

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	-	VISHRAMBAUG POLICE STATION
2	CR NO/TAR No/SDE No	-	455/2017 section 279 427 ipc R/W 119 177 139,3(1) MV ACT
3	Date, Time and Place of the accident	-	Date 06/10/2017 at 13.00 place -tilak chowk alka tokies
4	Name of the Injured/Deceased	-	1) Babu jalinder mill age 49 yrs.
5	Name of the Hospital to which he/she was removed	-	Sasoon hospital pune
6	Number of the Vehicles and type of the vehicle	-	M/CYCLE 14-MH-JK-9749
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.	-	Akash sudam unvane age 22 yrs Resi-36 zopadpatti near smashanbhumi link road pimpri pune No License
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident	-	kusum sudam unvane
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	-	Oriental insurance company A/25/27 ASASAF ALI ROAD NAVI MUMBAI
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate	-	161800/31/2018/16948 Valid till Date-26/08/17
11	Action taken, if any, and the result thereof.	-	
			SR INSPECTOR OF POLICE VISHRAMBAUG POLICE STATION