

## 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	:-	Bharti vidyapeth police staion
2	CR.NO/TAR No/SDE No	:-	396/17 304(A) 279 MVACT 134
3	Date, Time and Place of the accident	:-	13/08/2017 AT 02/15 Swami Samarth washing center katraj dattnagar road pune
4	Name of the Injured/Deceased	:-	Ravindra jagannath shinde add- ghungarwali chal katraj pune
5	Name of the Hospital to which he/she was removed.	:-	Sasoon hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	Heavy truck
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.	:-	Anikul aliuddin aalam add – gaon kanona jilha malva west bangal
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Ravindra hanumant pawar add flat no c/003 shri sankul khanda colony navin panwel raygad
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Chola mandalam ms general incurance company ltd panvel
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	m-21764238
11	Action taken, if any, and the result thereof.	:-	Charged file against driver
			Inspector of Police S S KALE API
			Police station name - BHARTI VIDYAPETH POLICE STATION
	<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>		

**<https://www.microsoft.com/en-in/download/details.aspx?id=7>**