

FORM COMP AA

[See Rules 253©,254 (c) (iii),254 (80)255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

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| 1 | Name of the police station | :- | Chaturshrungi Police Station Pune City |
| 2 | CR.NO/TAR No/SDE No | :- | CR.NO. 351-2017 IPC 279,337,338,304(A) MV ACT 184,119/177 |
| 3 | Date, Time and Place of the accident | :- | 30/06/2017 AT 02.20 am In Front Of Cosmos Bank Ganesh Khind Road Pune. |
| 4 | Name of the Injured/Deceased | :- | 1)Karan Mukund Makwana. Age-32, R/O 474,Shukrawar Peth,Pune 2) Kiran Mukund Makwana. Age-, R/O 474,Shukrawar Peth,Pune (DETH) |
| 5 | Name of the Hospital to which he/she was removed. | :- | Jahangir Hospital,Pune. |
| 6 | Number of the Vehicles and type of the vehicle. | :- | Tata Indigo Car No Mh-12, Bv-2340 |
| 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. | :- | Karan Mukund Makwana. Age-32, R/O 474,Shukrawar Peth,Pune Driving License No.MH12- 20050591542 Issued by RTO Pune |
| 8 | Name and Address of the Owner of the vehicle as it stands on the date of the accident. | :- | Mehul Amrutlal Makwana. Age 45 R/O Pinak Sadiccha, Near IT College, Kuthrud, Pune. |
| 9 | Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | :- | United India Insurance Company Limited. Reg Office – Shop No 9, Vardhman Garden, Katraj- Mumbai Bypass, Near Wander City, Katraj Ambegaon, Pune 411046. Maharastra |
| 10 | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate. | :- | Policy / Insurance Certificate no. 1622813116p113063257 Validity – 16/01/2017 to 15/01/2017 |
| 11 | Action taken, if any, and the result thereof. | :- | Under Investigation |
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| | | | PSI R.A.Godse |
| | | | Chatushrungi Police station |
| | N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report. | | |