

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	:-	252/2017
3	Date, Time and Place of the accident	:-	29/08/2017 Time 15.15 Opp. Vardhman Karyalay, Bibwewadi, Pune.
4	Name of the Injured/Deceased	:-	Not Injuerd.
5	Name of the Hospital to which he/she was removed.	:-	--
6	Number of the Vehicles and type of the vehicle.	:-	Complainant - MH 12 KN 5306 MARUTI ECO Accused - MH 12 HZ 6619 MARUTI SWEEFT
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.	:-	Complainant License No- Mh 12 20030446476
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Shri Swami Samarth Tours And Travel, A/P- B-3/16 Near Bank of Maharashtra, Bibwewadi
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	TATA AIG GENERAL INSURANCE COMPANY LTD, A/P- 15 th floor, tower A, peninsula Business Park, Ganpatrao Kadam Marg, Off. Senapati Bapat Marg, Lower Parel, Mumbai. 400013
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy No- 064001/010000154174/000000/00 Date- 24/05/2018
11	Action taken, if any, and the result thereof.	:-	Under Investigation.
			Inspector of Police
			Police station name – Bibwewadi Police Station, Pune.