

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	:-	CHINCHWAD POLICE STATION PUNE CITY
2	CR.NO/TAR No/SDE No	:-	120/2018 IPC-279,338 A MV ACT-119/177 132 (c) 1
3	Date, Time and Place of the accident	:-	01/06/2018
4	Name of the Deceased	:-	NO
6	Name of the Hospital to which he/she was removed.	:-	NIRAMAY HOSPITAL PIMPARI PUNE PUNE LOKMANY HOSPITAL CHINCHWAD PUNE
7	Number of the Vehicles and type of the vehicle.	:-	MH.12 JG-6557
8	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.	:-	ACCUSED NAME-SUGHUMARIE NAGLINGAMIYR4 ANRUTRAJ AGE-65 ADRESS-HELENA 103 QUEENS TOWN UDYOG NAGAR CHINCHWAD PUNE DRIVING LICENSE-MH-14 20140029394 ADD-AUTHORITY-PIMPARI CHINCHWAD RTO
9	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	SUGHUMARIE NAGLINGAM ANRUTRAJ AGE-65 ADRESS-HELENA 103 QUEENS TOWN UDYOG NAGAR CHINCHWAD PUNE DATE-01/06/2018
10	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	IFFCO-TOKIO GENERAL INSURANCE ADD- IFFCO-TOKIO GEN INS CO LTD 3 RD FLOOR STELLAR ENCLAVE ABOVE MCDONALDS FAST FOOD AUNDH PUNE
11	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NO-1-IGLSJ/O6 VALIDITY-18/09/018
12	Action taken, if any, and the result thereof.	:-	CHARSHEET IN PROCESS
			Inspector of Police
			Police station name -