

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	:-	Chaturshrungi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	CR 347/17 IPC 279,427 MV Act 184, 132(1) C, 119/177
3	Date, Time and Place of the accident	:-	Date 27/06/2017 Time 22/30, Next to Aundh Police Chowki Traffic Signal Aundh Pune
4	Name of the Injured/Deceased	:-	No Injured
5	Name of the Hospital to which he/she was removed.	:-	No any Injured
6	Number of the Vehicles and type of the vehicle.	:-	MH 12 HC 8485, Ashok Leyland Bus
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.	:-	Tanaji Govindrao Aadawale, Age 34 Add A/P Ghonasi Tal Jalkot, Dist Latur Driving Licence No. MH0120080045611 Issuing Authority MH242016280
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Asha Jai Mirani Age 50 Add Marvel Sitreen A/1103 Kharadi Pune 14
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Iffco-Tokio Genral Insurance Company Ltd. Add 303, 3 rd Floor Stellar Enclave, Above Mc.Donalds Fast Food Aundh Pune 7
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy No. 98906425 Date Of Validity 07/07/2017
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			P.N 1662 SHIKHARE
			Chaturshrungi Police Station Pune City
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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