

FORM COMP AA

[see rules 253 (C) (iii), 254 (80) 255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Sinhgad Road
2	CR.NO/TAR NO/ SDE NO.	:-	3039/2017 I.P.C Code 279, 337.338 MVA 184.119/177
3	Date, Time and Place of the accident	:-	25/07/2017 ; time: 17.10pm; Sinhgad road NAMRATA ELECTRONICS FRONT
4	Name of Injured/ Deceased	:-	MANGESH BHIMRAO BANKAR
5	Name of the hospital to which he/she was removed	:-	SANCHETI Hospital -pune
6	Number of the Vehicles and type of the vehicle.	:-	COMPLANT bike of No. MH45 X1143 ACCUSE -GJ 06KD/7472 / i20 car
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.	:-	Kaushal rajeshbhai panchal Address. I 1807 asavari nanded city sinhgad road , Pune Lisense nogj0620160006100 Authority: Pune RTO
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	MANGESH BHIMRAO BANKAR Address- balaji paradise b wing flat no 104 dhayri pune Pune
	Name and address of the Insurance Company with whom the vehicle a insured and the Divisional Office of the said Insurance Company.	:-	No Insurance
10	Number of Insurance Policy/ Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate.	:-	Bajaj.aiaanz policy number og-17-2201- 1801-00013785
11	Action taken, if any, and the result thereof.	:-	As Per, IPC 279. 337.338 MVA 184.119/177, investiongation in progress

Inspector of Police

Sinhgad Road Police Station Pune City

(Handwritten Signature)