

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	:-	223/2017 IPC-279 304 A 427 MV ACT-119/177
3	Date, Time and Place of the accident	:-	28/06/2017 <input type="checkbox"/>
4	Name of the Injured	:-	TUSHAR BHASKAR WAIKOLE
5	Name of the Deceased	:-	RUPESH SURESH CHOUDHARI
6	Name of the Hospital to which he/she was removed.	:-	YCM HOSPITAL PIMPARI PUNE
7	Number of the Vehicles and type of the vehicle.	:-	HONDA SHINE MH-14 CA-5259
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.	:-	TUSHAR BHASKAR WAIKOLE AGE-32 AT-132/04 FLAT NO-31 EKVEERA NAGARI BIJLINAGAR CHINCHWAD PUNE Driving License.- MH-1420080022942
9	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	132/04 FLAT NO-31 EKVEERA NAGARI BIJLINAGAR CHINCHWAD PUNE Date-17/02/2017
10	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	CHOLA MS GENERAL INSURANCE COMPANY LTD 2ND FLOOR DARE HOUSE 2NSC BOSE ROAD CHENNAI
11	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy number-3379/01412298/000/00 Date of Validity-29/04/2017
12	Action taken, if any, and the result thereof.	:-	CHARSHEET IN PROCESS
			Inspector of Police
			Police station name -