

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 464/17 IPC 279,338, MV Act 184,119/177
3	Date, Time and Place of the accident	:-	Date 29/08/2017, Time 20/45 TO 21/00, Opposite Vishwakarma Society Pashan Sus Road Pune
4	Name of the Injured/Deceased	:-	Ramdas Mahadeo Shamkuvar Age 67 Add. Kumar Shanti Niketan A-1 602 Pashan Pune
5	Name of the Hospital to which he/she was removed.	:-	Jehangir Hospital Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH 12 AX 7679, Maruti Zen LMV
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.	:-	Swati Bharat Lokhande, Age 35 Add Moraya Recidency B-1/9 Pashan Pune Driving Licence No. MH01200252546 Issuing Authority MH-MUMBAI
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Amol Pandurantg Kamble Add Flat no. 309 Wing D Presting Classic Chinchwad Pune & Moraya Recidency B-1/9 Pashan Pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	United India Insurance Company Ltd 24 Whites Road Chennai 600014
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy No. 1608013116P108506630 Date Of Validity 27/09/2017
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			HC 5476 S.B.DHAMAL
			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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