


FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	फ्रेजरपुरा अमरावती शहर
2.	CR. NO./TAR No./SDE No.	545/17 क्र. 279,337, 504, 506, 36, 17
3.	Date, Time and place of the accident.	21/12/2017 रोजे 10:20:07 सुंदरलाल रोड
4.	Name of the Injured /Deceased	पंजा गोवालदास शेटे
5.	Name of Hospital to which he /she was removed.	त्रिधा सामान्य रुग्णालय अमरावती
6.	Number of vehicles and type of the vehicle.	इंधन गाडी क्र. MH27-BE-9049
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.	अमेश राजेंद्र लायडे लवकर नितीव जोशी MH4620130010668
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	अमेश राजेंद्र लायडे
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	BAJAJ Allianz
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	BAJAJ Allianz. 04-17-201-1801-00006095 7/12/2016 To 6/12/2017 रोजे 11:00 मध्ये
11.	Action taken, if any, and the result thereof.	गुन्हा दाखल
		Inspector of Police, FREJARPURA Police Station, Amravati
<p>N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Police Report (3) Medical Certificate/Post-Mortem Report.</p>		


 पोलीस निरीक्षक
 पोलीस स्टेशन, फ्रेजरपुरा अमरावती

