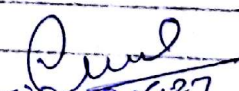


## FORM COMP AA

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

1.	Name of the Police Station	:-	फेजरपुरा अमरावती खरह
2.	CR. NO./TAR No./ SDE No.	:-	777/17 क्रम 279,337 मादवि
3.	Date, Time and place of the accident.	:-	दि. 30.09.17 री 16.00 वा करमाण मंडीक.
4.	Name of the Injured /Deceased	:-	अर्जुन विजय वामखोडे वर 43 वर्ष
5.	Name of Hospital to which he /she was removed.	:-	डी. अर्जुन देवालय हॉस्पिटल, डम.
6.	Number of vehicles and type of the vehicle.	:-	01 INDIKA OBT - MH-30 AF - 6902
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.	:-	शैलेश विठ्ठल पन्डित 27 वर्ष रा. केवास नगर, कुंभरी, जिला लार्ज, MH3020100001416 Date valid - 21.10.2018.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	मुकुल विभाजन कलकट वर 26 रा. मलकापुर, जिला
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	इंटरनेशनल इन्शुरन्स कंपनी खामगाव, जि. जिला.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy NO. 182201/51/2018/1788, valid - 09/01/2018.
11.	Action taken, if any, and the result thereof.	:-	
			 Inspector of Police फेजरपुरा पोलीस स्टेशन, अमरावती ..... अमरावती (Signature).
<p>N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.</p>			