

पोलीस स्टेशन, गडगेनगर अमरावती शहर
 आ./जा. क्रमांक 1699/18
 दिनांक 15/10/18

FORM COMP AA

{See Rules 243 C, 248 (c) (iii), 248 {20 244 (9) (iv) }

REPORT ABOUT THE MOTOR VECHICLES ACCIDENTS

१	Name of the Police Station	पो. स्ट. गडगेनगर अमरावती शहर
२	CR.No./TAR No./ SDE No.	७३५३
३	Date Time and Place of the accident\	५९९/१८ ५.३७९ ३३७.५५८
४	Name of the Injured / Deceased.	११/१०/२०१८ ते २१-३० ५९
५	Name of Hospital to which he/she was removed,	गुलजार चेताराम पाल डाॅरिण देवकाबा अमरावती
६	Number of vehicles and type of the vehicle.	MH 27 AC 4403 MP 2e GA 94 97
७	Name and address of the Driver of the vehicle with particulars of 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 Vehicles and the address of the Issuing Authority of said Badge.	साचिन हरिदाम मुगळे वय ३७ वर्ष रा. मोजरी अमरावती
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	साचिन हरिदाम मुगळे वय ३७ वर्ष रा. मोजरी अमरावती
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	IFFCO - TOKIO Insurance Company २४
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	२४-१-२०१९ पर्यंत
११	Action taken, if any, and the result there of.	जमुद ए. वा/वेळी व टिगारी यादी आदीने व्याखेलापणी वाह्यअर धाव कोगळे चाखुड अपघात घाखुड आणका डि. चे लपानी विवेक फळ तंदर रण कुहाका २५/१०/१८ Inspector of police Gadgenager police station
N.B. - This Form should accompany with all the necessary document viz (१) f.i.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		