

July 17

पोलीस स्टेशन, सिटी कोतवाली

अमरावती (शहर)

आवक/जावक क्र 23.29/17

दिनांक 01/09/17

FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (8), 255 (1) (iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- सीटी-कोतवाली
2.	CR. NO./TAR No. SDE No.	:- 327/2017, 9-279, 338, 3048000000
3.	Date, Time and place of the accident.	:- 30/11/17, 10:30 AM, मालविका चौक, अमरावती
4.	Name of the Injured /Deceased	:- मृतक शुभम अश्वान्त महाजन वया 8 वर्ष
5.	Name of Hospital to which he /she was removed.	:- डॉ. वि. फाखरवा, अमरावती
6.	Number of vehicles and type of the vehicle.	:- 01, MH29/AZ1515C, सुटो मो.सा.
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.	:- मृतक - शुभम अश्वान्त महाजन वया 8 वर्ष रा. सिड्डी वाहन-वास्तविका पुरवागा वाही कारे.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- लतफ खिखारखे गजान्नी रा. सिड्डी नि. अमरावती
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- आर्याज आर्याज निवारा अमरावती. पोलिसी-603 हींग मलेश्वर वीएम 2917 2917 वया 2917
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- पिनो. 06-17-2101-1802-00012970 30/NOV-2016 अमरावती 29/NOV-2017
11.	Action taken, if any, and the result thereof.	:-

Inspector of Police.

Police Station.
वरिष्ठ पोलीस निरीक्षक
पो. स्ट. सिटी कोतवाली.

N.B - This form should accompany with all the necessary document viz (1) TK (2) Panchanama (3) Medical Certificate Post Mortem Report.