

पोलीस स्टेशन, सिटी कोतवाली

क्रमांक ()

क्रमांक / दिनांक 2595/2017

दिनांक 28/09/2017

FORM COMP AA

[See Rules 253 & 254 (c) (iii), 254 (80) 255 (1) (iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- सिटी कोतवाली
2.	CR. NO./TAR No./ SDE No.	:- 416/2017 क्र 279, 337/2017
3.	Date, Time and place of the accident.	:- 28/09/2017, 11:30 AM, कोतवाली
4.	Name of the Injured /Deceased	:- अनिल शिवाजी पुनवार वयस 49 वर्ष
5.	Name of Hospital to which he /she was removed.	:- बर्किंग हॉस्पिटल, कोतवाली
6.	Number of vehicles and type of the vehicle.	:- 01 BS-2675 गाडी प्रकार
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.	:- अनिल शिवाजी पुनवार वयस 49 वर्ष ना. शोतीनगर कोतवाली कायदा कार्यालय कोतवाली परवाना क्रमांक 2017
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- अनिल शिवाजी पुनवार वयस 49 वर्ष श. शोतीनगर कोतवाली
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- इंडिया इन्शुरन्स कंपनी मुख्यालय कोतवाली
10.	Number of insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- 1-86-228 F3 P400 Policy 17-10-2016 to 16/10/2017
11.	Action taken, if any, and the result thereof.	:-
		Inspector of Police.
		कोतवाली पोलीस स्टेशन
		पो. क्र. 2595/2017

N.B – This form should accompany with all the necessary documents (1) P.R (2) Panchnama (3) Medical Certificate/Post-Mortem Report.