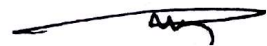


FORM COMP AA

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

1.	Name of the Police Station	:-	असहरी - 3124 2172
2.	CR. NO./TAR No./ SDE No.	:-	503/17 असा - 279, 337 आ - 1552 V/D/1
3.	Date, Time and place of the accident.	:-	7/9/17 गं - 12:30 असासाले काठमाडौं
4.	Name of the Injured /Deceased	:-	विनोद शिवाचरान 2193
5.	Name of Hospital to which he /she was removed.	:-	गणेश्वरी - (विनोद शिवाचरान)
6.	Number of vehicles and type of the vehicle.	:-	31210-2125 AC
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.	:-	31210-2125 AC विनोद शिवाचरान
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	31210-2125 AC असास -
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	31210-2125 AC विनोद शिवाचरान असास -
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	—
11.	Action taken, if any, and the result thereof.	:-	पुर्णतः कालोस
			Inspector of Police.
		Police Station.
<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>			


 वरिष्ठ पोलीस निरीक्षक
 पोलीस स्टेशन, बडनेरा
 अमरावती (शहर)