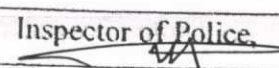


FORM COMP AA

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

1.	Name of the Police Station	:- Badnera Amravati City
2.	CR. NO./TAR No./ SDE No.	:- 266/17 Sec. 279, 337, 338 S.D.H. 060/17
3.	Date, Time and place of the accident.	:- 29/05/17 - 12.00
4.	Name of the Injured /Deceased	:- Raysoni College Anisapur Bank Road. Pranod Dilip Pawar
5.	Name of Hospital to which he /she was removed.	:- Dr. Bankar Hospital Amravati
6.	Number of vehicles and type of the vehicle.	:- Hyundai 910 car No MH27-A-3024
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.	:- Smt. Smita Gevish Ladge A/P - Bhanat Nagar Akoli Road Sainagar Amravati DL No - MH27 20060083825 R.T.O Amravati Valid 0 - 22-05-2022 (HT)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Gevish Prabhakar Ladge A/P - Bhanat Nagar Akoli Road Sainagar Amravati
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- Bharti Axa General Insurance Company L.T.D - 222 B Block Vishnu Kaibhav Complex Paim Road Civil Lines Nagpur - 440001
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- FPV/50049905/D1/51 005275 - Account No - D1000047 Validity - 28/5/2017 to 27/5/2018
11.	Action taken, if any, and the result thereof.	:-
	Inspector of Police	Inspector of Police 
		Badnera Police Station. बडनेरा पोलीस निरीक्षक पोलीस स्टेशन, बडनेरा
<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>		