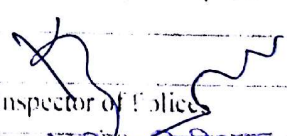


## FORM COMP AA

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

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	Rajapeth
2.	CR. NO./TAR No./ SDE No.	648/17 sec-279,337,338/PC
3.	Date, Time and place of the accident.	2/9/2017 at 10-45 AM Rajapeth
4.	Name of the Injured /Deceased	Tamrakumar Hiralal, Sahu
5.	Name of Hospital to which he /she was removed.	Rathi Hospital Amravati
6.	Number of vehicles and type of the vehicle.	MH27-B5-2779 Honda Active
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.	Pravin Bhankarao Kshirsagar Ravi Nagar Amravati RTO Amt MH27-20090025030
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	—do—
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	ICICI Lombard Motor Insurance Company Branch - Amravati
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	3005/2011084582/00/2458 Period of Insurance 09/10/17 midnight
11.	Action taken, if any, and the result thereof.	Investigation Affair charged
		 Inspector of Police कारस्थ पोलीस निरीक्षक पोलीस स्टेशन राजापेट अमरावती (शहर)
N.B - This form should accompany with all the necessary documents viz (1) F.L.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.		DAR from submitted Date - 04/10/2017