



FORM COMP AA

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

1.	Name of the Police Station	- NANPUR PATH
2.	CR. NO/TAR No./ SDE No.	- 361/17 V. 273.357. 306A 2018
3.	Date, Time and place of the accident.	- 21/10/17
4.	Name of the Injured /Deceased	- SAHDEEP SURI RAM RATHOD
5.	Name of Hospital to which he /she was removed.	- GENERAL HOSPITAL AMBAJATI
6.	Number of vehicles and type of the vehicle.	- MH-37-F-3985
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.	- PURUSHOTTAM BHAIJI WADKAR WADKAR NAGAR BANGALURU KARNATAKA JAWAL TUNJI SHANDE KAMBIHAPPETH AKKOLKOT AKOLA
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	- SHANKAR LAKHANUTE SHREEKUMAR WADKAR NAGAR COTTON MARKET WADKAR
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	- EFFCO - TOKIO, GENINS CO. LTD. FLOOR AKASH TOWER ABOVE BANK OF RAJASTHAN OPP UDDY CINEMA HALL TILKAT AKOLA
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	- 1-63N5081 - 0400 POLICE - 23/10/17 - 06/07/2018
11.	Action taken, if any, and the result thereof.	-

(Signature)
Police Station
Akola Dist.

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