


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	:- प्रजेरपुरा अमरावती
2.	F.R. NO./LAR No. SDE No.	:- भा.कं. 629/17 क. 279, 337, 358 J.P.C.
3.	Date, Time and place of the accident.	:- 14.7.17 रू. 17.50 वा. 4.25 माग अमरावती नगरातील अमरावती
4.	Name of the Injured/Deceased	:- जयकिशोर केशव किर्लोस्कर वय 90 वर्ष अमरावती
5.	Name of Hospital to which he/she was removed.	:- नवनिवृत्त हॉस्पिटल कॅम्प अमरावती
6.	Number of vehicles and type of the vehicle.	:- कार क्र. MH-27 BE 5390
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.	:- राजु गुलाबराव-वेडुळकर वय 42 वर्ष रा. राजप्रासिकणगर फ्लॅट नं. 16-A, अमरावती पॅ. क्र. नं. MH-27 20090009054 L.M.V. RTD. शि.क.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- राजु गुलाबराव-वेडुळकर वय 42 वर्ष रा. राजप्रासिकणगर फ्लॅट नं. 16-A, अमरावती
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- MAGMA H.D.I. General Insurance Co. L.T.D. I S. FIBER Plot No. 18/2 I.P. पावक. मध्यम रेव्ह्यू सेक्टर 10, अमरावती रा. राजप्रासिकणगर फ्लॅट नं. 16-A, अमरावती
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- P. 00/17 2000 24/4101/102191 पॅ. क्र. 2/1/17-18 अमरावती
11.	Action taken, if any, and the result thereof.	:- कारोबारी लिबरेशन सुद्धा दिलेले आहे सोप्यापणे पत्रे कोर्टात देऊन घेतले
		 वरिष्ठ पोलीस निरीक्षक पो. स्ट. प्रजेरपुरा, अमरावती शहर
<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>		