

FORM COMP. AA

[See Rules 253(e), 254(5)(iii), 254(8), 255(i)(iv) and 255(A)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

पोलीस अमरावती (शहर) 16.17.17
आ./व. 24.11.01
दिनांक

- 1) Name of the Police Station : BADNERA, AMRAYATI CITY.
- 2) Cr. No./TAR No./SDE No. : 514/17-5 279, 321 H27, ITC, 184. M.V. ACT
- 3) Date, time and place of the Accident. : 03/03/2009 - 08/20, CHATRI CHOWK NAVE WASTE, BADNERA.
- 4) Name (and address) of the injured/deceased. : PRASHANT RAJENDRA SADANSHIV AGE-18, CHURE NAGAR, RAJAPETH AMRAYATI.
- 5) Name of the Hospital to which he/she was removed. : IRWIN HOSPITAL, AMRAYATI.
- 6) Number of Vehicle and the type of the Vehicle. : _____
- 7) Name and address of the Driver of the Vehicle with particulars of Driving Licence of the said Driver and the address of the Issuing authority of the said Driving Licence. The number of badge in case of public service vehicle and the address of the issuing authority of the said Badge : SHEIKH AJHAR SHEIKH SABDAR AGE 28, ALMAG NAGAR JUNI WASTE, BADNERA LICENCE NO:- MH 27-20100089445
- 8) Name and address of the owner of the vehicle as it stands on the date of the accident : _____
- 9) Name and address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance company : THE ORIENTAL INSURANCE COMPANY LTD, ASIF ALI ROAD NEW DELHI.
- 10) Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate. : 18/03/2008 TO 11/03/2009
- 11) Action taken, if any, and the result thereof : _____

पोलीस निरीक्षक
पो.स्ट. बडनेरा
अम. शहर

BADNERA
Police Station