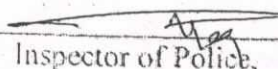


FORM COMP AA

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

1.	Name of the Police Station	:- Badnery Amravati City
2.	CR. NO./TAR No./ SDE No.	:- 317/2017-SDE No-38/17-16-46 Am.
3.	Date, Time and place of the accident.	:- 30-4-2017 - 14.00 to 15.00 Almas gate Chowk Badnery
4.	Name of the Injured / Deceased	:- Anil Hanasi Manduokau
5.	Name of Hospital to which he /she was removed	:- Regional Referral Services Hospital Amravati
6.	Number of vehicles and type of the vehicle.	:- Wagon R Car No-MH-30-AF-3566
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.	:- Amit Natwarlal Vyas Add-Shrey nagari, Bank Colony Malkapur Kothari Vatikra no. 4 Akola Maharashtra 2. No MH-30-20080023894 R.T.O Akola L.M.V. Valid no- 03-10-2028 (HT)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Amit Natwarlal Vyas Shrey nagari Kothari Vatikra no. 4 Malkapur Akola
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- IFFCO TOKIO GEN INS. CO LTD 1st Floor, Akash Towers Above Bank of Rajasthan Opp-Uday Cinema Hall Tilak Rd Akola Maharashtra
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- P-400 Policy # 69315743 04-10-2017 -23.59 .
11.	Action taken, if any, and the result thereof.	:-
		 Inspector of Police, Badnery Police Station. बरीस पोलीस निरीक्षक पोलीस स्टेशन, बडवेरा
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.		