

3410
1411117

FORM COMP AA

{See Rules 243 c, 248 (c) (iii), 248 {0 244 (9) (iv) }

REPORT ABOUT THE MOTOR VECHICLES ACCIDENTS

१	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
२	CR.No./TAR No./ SDE No.	713/17
३	Date Time and Place of the accident\	16-10-2017 वेळ 9.30 वा. शिंदेपेठ.
४	Name of the Injured / Deceased.	कुमुद खान नामध खान वधु वधु न. मोहनना आशुद कोळणी, अमरावती.
५	Name of Hospital to which he/she was removed,	शिंदे साभानंद रुग्णालय अमरावती.
६	Number of vehicles and type of the vehicle.	२७ रु. MH 28 B 8089
७	Name and address of the Driver of the vehicle with particulars of 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 Vehicles and the address of the Issuing Authority of said Badge.	इनामदार खानदराव घोटे वधु 35 वर्ष रा. शिरजुदा ना. दुर्गापूरुडी. अमरावती ह.भु. महेंद्र कोळणी, अमरावती
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	खाना खान हलील खान रा. खोलापूरी गेट अमरावती
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	ओरिएण्टल इन्शुरन्स कंपनी लि.
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	182300/31/2017/10737 15/03/2017 ते 14/03/2018
११	Action taken, if any, and the result there of.	
		<p>Inspector of police निरीक्षक पो. स्टे. गाडगे नगर, अमरावती Gadgenager police station</p>
<p>N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.</p>		