


जा.सं.सं. 2433/17

दि. 23/9/2017

FORM COMP-AA

[See Rules 253 & 254 (c) (ii), 254 (80) 255 (1)(iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	प्रेजरपुरा अमरावती
2.	C.R. NO., I.A.R No., S.D.I. No.	745/17 कु. 275, 337, 338, 427
3.	Date, Time and place of the accident.	15/9/2017 को 14:30 ग. ठिकाण अमरावती
4.	Name of the Injured / Deceased	श्री. माणिक देवेंद्र वाघव
5.	Name of Hospital to which he /she was removed.	जि.ए.ए.ए. अमरावती
6.	Number of vehicles and type of the vehicle.	श्री. माणिक देवेंद्र वाघव यांच्या गाडी
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.	श्री. देवी वाघव वाघव यांच्या गाडी अमरावती
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	श्री. देवी वाघव वाघव यांच्या गाडी
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	नाही
10.	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	नाही
11.	Action taken, if any, and the result thereof.	कायदा प्रमाणे प्रक्रिया चालवण्यात आली आहे.
		पोलीस निरीक्षक पोलीस स्टेशन, प्रेजरपुरा अमरावती
		
N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate/Post-Mortem Report.		