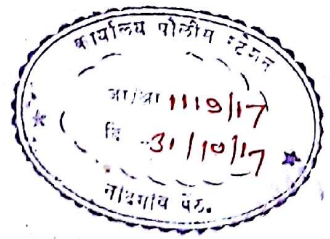


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FORM COMP AA
[See Rules 23 (d), 254 (c) (iii), 254 (80) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1. Name of the Police Station	नांदगांव पेट
2. CRIMOTAR No./SDE No.	उडा/17 कु. 219, 537, 538 IR
3. Date, Time and place of the accident.	15.9.17 के 18:45 ते 19:00
4. Name of the Injured/Deceased	श्री विमलेश्वर दादाशव धसकर
5. Name of Hospital to which he/she was removed.	डॉ. बोडें हॉस्पिटल
6. Number of vehicles and type of the vehicle.	MH-21 CD-3451
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.	कुर्बेच्य निरीक्षक महल वय-10 पो. उदय (बु) नि. अमरावती. रायचीण No. MH-21-2016 0288670
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	ENSURE Avenue
9. Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	OFFICE TOKIO DENINS CO LTD 7th Floor Adm. Tower opp. NAIGPUR M. 440001 GSTIN 27AAC17573 H1ZC PHONE-07126651100 PROVINCIAL IN BROKING
10. Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	
11. Action taken, if any, and the result thereof.	

पोलीस निरीक्षक
वर्किंगे उतासवठवेड
नांदगांव पेट - पो.स्टे.
Police Station.

N.B - This form should accompany with all the necessary document viz (1) F.I.R (2) Panchanama (3) Medical Certificate Post-Mortem Report.

पोलीस निरीक्षक
पो.स्टे. नांदगांव पेट