

**FORM COMP AA**  
[See Rules 253 (i), 254 (c) (iii), 254 (d) (2) & (iii), 254 (e) (ii)]  
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Name of the Police Station	Badanera Amravati City
C.R. NO./TAR No. /SDL No.	481/175-279, 337, 338, 429 IPC
Date, Time and place of the accident	15/09/17 @ 07:00 at
Name of the Injured /Deceased	Dinesh manikrao VIREKAR SHAK MUSTAK SHAK BARAM
Name of Hospital to which he/she was removed	Government Hospital Amravati
Number of vehicles and type of the vehicle	MH-40-AT-1095 VOLVO BUS
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 Vehicle, and the address of the Issuing Authority of the said Badge	manohar APPASAHEB Chormur Add - Raj garden AV. 28 Wadgaon budnark PIN 411041
Name and address of the Owner of the vehicle as it stands on the date of the accident.	Prasanna PURPLE mobility SOLUTIONS PVT Ltd Shop No. 3 and 4 Rajat Vadi Magpar
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	UNITED INDIA INSURANCE COMPANY LIMITED M4 ROAD PUNE
Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insured Policy /Insurance Certificate	Policy No - 1608075117P104948050 Validity - 29/06/2018
Action taken, if any, and the result thereof	
Signature of Police Officer Police Station	
N.B. - This Form should accompany with the original copy of the accident report (Form A) and Panchnama Certificate Part I & II of the Police Station.	

(Signature)  
Prasanna Purple Mobility Solutions Pvt Ltd  
Magpar