

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	:- Kudal
2.	CR. NO./TAR No./ SDE No.	:- CR No-149/2017
3.	Date, Time and place of the accident.	:- 28/06/2017-19-31 Terse Balmbrde
4.	Name of the Injured /Deceased - Injured	:- Hari prasad Shridhar charan Age-31
5.	Name of Hospital to which he /she was removed.	:- Rural Hospital Kudal
6.	Number of vehicles and type of the vehicle.	:- Dumper & Tempo-MH02-X-1800.2 MH02-P-1980
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.	:- Hari prasad Shridhar charan Aadhumber Nagaw Kudal Licence No. MH02-20040003193 No. badge. (complaints) Vehicle- MH02-P-1980
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Deepak Ramchandra Kudal Aadhumber Nagaw. Kudal
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- National Insurance Company Limited.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	:- 28/06/2017 to 27/06/2018 Policy No. 276027311310001195
11.	Action taken, if any, and the result thereof.	:- chargesheet No. 42/2017 - 22/08/2017
		Inspector of Police, Kudal. Police Station मलिस निरीक्षक-1 पलिस ठाणे कुडाल 7-104
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post-Mortem Report.		