

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./AR No. SDE No.	- CR No. 186/2017
3.	Date, Time and place of the accident.	- 21/8/2017 - 09.15 Zamap.
4	Name of the Injured /Decased	- Anant Prabhakar Sapale
5	Name of Hospital to which he /she was removed.	- Rupal Hospital, Kudal
6	Number of vehicles and type of the vehicle.	- ST. Bus & Dumper
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.	- Anant Prabhakar Sapale MH03-20060063411 Sindhudurg RTO Badge-No. 41611
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	- Ratnakant Prabhakar Sapale 21/8/2017.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	- IFFCO-TOKIO General Insurance Com. limited.
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	- 69170292 29/09/2016 to 26/09/2017
11	Action taken, if any, and the result thereof.	-
		Inspector of Police Kudal Police Station. पोलिस निरीक्षक पोलिस ठाण कुडाल.

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