

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	:- कुडाळ पोलीस स्टेशन
2.	CR. NO./TAR No./ SDE No.	:- 209/2096
3.	Date, Time and place of the accident.	:- 09/01/2009 रोजी 08.30
4.	Name of the Injured /Deceased	:-
5.	Name of Hospital to which he /she was removed.	:- ग्रामोप दख्खन कुडाळ.
6.	Number of vehicles and type of the vehicle.	:- 1. बॅलेरी पॅन - MH07-P-3EE 2. डॅगल - MH06-AF-2033
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.	:- रामसेन डाव्हर् फर्निचर व प्लिम्बरी टिफिनवाडी 2. NO. L.M.V.-TR-10-06/92 लायसन्स - MH09-1992-0000986
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- प्रदीप कार कार - MH06-AF-2033. पुढिल राणे च्याकड लायसन्स - MH06-1985-0201990 अबोलिटीय - MH07-P-3EE. आर्किटे इन्वॉल्व्हिन्ग कार्ड
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- 1. न्यू इंडिया इन्शुरन्स कंपनी. लिडा प्लॉ
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.	:-
		<p style="font-size: 1.2em; font-weight: bold;">A. S. J. S.</p> <p style="font-size: 0.8em;">P. I.</p> <p>Inspector of Police - 10-17</p> <p style="color: blue; font-weight: bold;">Kudal Police Station.</p> <p style="color: blue; font-weight: bold;">पोलीस ठाणे, कुडाळ.</p>
<p>N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post - Mortem Report.</p>		