

FORM- COMP – AA

See rules 253 ,254, (c) (III),254, 80 255 (80 255 (1)(IV)

REPORT ABOUT THE MOTAR VEHICLE ACCIDENTS

1	Name of the police station	सिंधुदुर्गनगरी -
2	CR-NO /TAR NO/SDE NO/	34/2017 भा.द.वि.कलम 279,337,मो.वा.का.कलम 184
3	Date time and place of the accdent	दिनांक 10/05/2017 रोजी 14.00 वा.चे.सुमारास मौजे ओरोस बाजारपेठ मुंबई गोवा हायवे रोडवर नॅशनल हायवे नं.66
4	Name of the injured /Deceased	1) वंदना गणेश धुरी वय 45 रा.ओरोस बुदुक खर्येवाडी ता. कुडाल 2) विश्राम गणेश धुरी वय 12 वर्षे रा . .ओरोस बुदुक खर्येवाडी ता. कुडाल
5	Name of the hospital and which he/she was removed	जिल्हा रुग्णालय सिंधुदुर्ग ओरोस व मेडीकल कॉलेज बांबुळी गोवा
6	No of vehicle type of vehicle	बोलेरो पीक अन गाडी नं. MH-01-W-3382 व दुचाकी प्लेजर गाडी नं. Mh-07-R-1257
7	Name and adrees of the driver of the vehicle weth pertuculer of draiving licence of the said driver and the address of the issuing authority of the said driving licence the no of bade in the case of publice service vehicle and the address of the insuring authority of the said badge	मनीश नंदकिशोर मेस्त्री वय 24 रा. सागवे ,कात्रादेवी ता. राजापुर जिल्हा -रत्नागिरी लायसन्स नं. MH-08-20130003853 LMV मुदत 17/03/2033 प्रादेशीक परीवहन अधीक्षरी रत्नागिरी
8	Name and address of the owner of the vehicle as it stand on the date of the accident	मन्सुर अबदुल्ला सोलकर वय 53 अवर्षे रा. रा. साखरी नाटे घर नं. 146 A ता. राजापुर जिल्हा-रत्नागिरी
9	Name and address of the inshurance company with whome the vehicle insured and divisional office of the said insurance company	द न्यु इंडीया इन्शुरन्स कंपनी लिमीटेड रत्नागिरी विभागीय कार्यालय
10	No of insurance policy/ insurance certificate and the date of validity of the insurance policy /insurance certificate	17060031160100002625 कालावधी 27/08/2016 ते 26/08/2017
11	Action taken , if any ,and the result therof	-----
		Inspector of police Sindhudurg nagri police station
N.B.- This form should accompany with oll the necessary document viz FIR / panchanama / Medical certificate /post mortam report		