FORM-COMP. AA

(See rule 253(c),254(5)(iii),254(8),255(i)(iv))

Report About The Motor Vehicles Accidents

1. Name of the police Station

- केलीय मेरेशन नेर सि. यवनमाटः

2.Crime No./SDE No.

- अप. मं. 464/2020 काम 279,337 आ वि

3. Date time and place of the accident

- हि. 03/12/2020 के हुएमें 02/15 वा द्रमान . मक्वान व रियाज सेट दुश्नासभार, मेर

4. Name of the injured/deceased

- रामकृष्ट्या नामदेवराव डेगोले . वय 76 वर्ष , जात कुलावी रा. रानापुर . मो ने 8888145309

5. Name of the Hospital to which he/she was Removed

- समील रुगालय मेर.

6. Number of vehicle and the type of the

- महींड्रा सीतो पिक्सए व्हेन क. MH 29 BE 0660.

7.Name & address of the Driver of the vehicle_ With particulars of driving licence of the said Driver and the address of the issuing Authorite of the said driving licence.

सतीश सुधाक्रशव केवरे. वय 26 वर्ष. व्या भिम्नगा र तेर माला में लिम्य २०१९ ०० १० उहा RTO व्यवनमार्ड.

8. Name & address of the owner of the vehicle as it stands on the date of the accident.

सुनित्र सुमिन्वराव केवर, बा मिमनगर् नेर्

- टाटा जनरल उद्ध्युरल्य केपनी किंभाटिड 9. Name & address of the insurance company With whom the vehicle was insured and the Divisional office of the said insrance company.

10. Number of insurance policy/insuranc 01615949 21 0000.

certificate and the date of validity the police/certificate of insurance.

17/12/2020 A. 16/12/2021.

11.Action taken, if any and the result therwof _ गुर्हा ने दि मिनु Date 51/01/2021

-police Station with should accompany N.B.: necessary document viz.(1)F.I.B.(2)Panchanama (2)Medical Certificate/post martem report.