

FORM COMO AA**{ see rules 253(c) 254(c) (iii) 254(8) 255(1)(iv)}****REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	131/19 sec 279,337 IPC
3	Date, time and place of the accident	Date 17/04/19 at 22/30 Gourala MSH 6
4	name of the injured	1) Kusum Vijaya Dambhare ag 55 AT Yavatmal
5	Nome of the hospital to which he/she was removed	PHC Maregaon
6	Name of the vehicals and type of the vehicals	Two Wheeler MH 27 BU 9026
7	Name and address of the driver of the vehicals with paricular on driving license of the said driver and the address of the issuing authourty of the said driving license the number of badge in case of publice service and the address of the issuing of the said badge	Sunil Ashok Pantawne ag 29 At Pahapl Dist Amrawti
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Sunil Ashok Pantawne ag 29 At Pahapl Dist Amrawti
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the saiod insurance company	ICICI Lombard 414 Veer Sawarkar Near Sidhi Vinayk Tempal Mumbai 400025
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	3005/34950838/10700/000 Vallid 26/12/17
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 131/19 sec 279,337IPC I/o LPN 1957 Uma karluke ps maregaon 9765816392

NB This form should accompaqny with all the necessary documents viz (1) FIR (2) Pnchanama (3) Medical certificate/post mortarm Report