Form Comp A.A.

(See rules 253(c),234(5)(iii)|254(2)255(1)(iv))

REPORT ABOUT THE, MOTOR VEHICLE ACCIDENT

1 Name of Police Station 2 FIR No. U/sec 3 Date. Time and Place of the Accident. 4 Name of the injured/deceased 5 Name of the Hospital to which he/she was removed 6 Number of the vehicle and the type of Vehicle. 7 Name and address of the Driver of the Vehicle with Particulars of driving licence of the said driver and the address of the issuing authority of the said badge? 8 Name and address of the insurance company with whome the vehicle was insured and the Divisional officer of the said insurance company? 10 Number of insurance policy /insurance certificate and the date of the validity of the insurance policy /insurance certificate and the date of the validity of the insurance policy /insurance certificate 11 Action taken, if any and the result there of Date: - 22/07/2021	1	Name of Police Station	Lambrof - 1270 andes
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