

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	Lohara Dist - Jalandhar
2	FIR No. U/sec	0036/2021 U/S 279, 304(A) IPC
3	Date, Time and Place of the Accident.	27/07/21 3:30 PM, 304(A) IPC
4	Name of the injured/deceased	1. 304(A) IPC, 2. 304(A) IPC, 3. 304(A) IPC
5	Name of the Hospital to which he/she was removed	1. 304(A) IPC, 2. 304(A) IPC, 3. 304(A) IPC
6	Number of the vehicle and the type of Vehicle.	304(A) IPC, 304(A) IPC, 304(A) IPC
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?	304(A) IPC, 304(A) IPC, 304(A) IPC
8	Name and address of the owners of Vehicles as it stand on the date of accident?	304(A) IPC, 304(A) IPC, 304(A) IPC
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	304(A) IPC, 304(A) IPC, 304(A) IPC
10	Number of insurance policy /insurance certificate and the date of the validity of the insurance policy/ insurance certificate	304(A) IPC, 304(A) IPC, 304(A) IPC
11	Action taken, if any and the result thereof	304(A) IPC, 304(A) IPC, 304(A) IPC
	Date :- 22/07/2021	

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