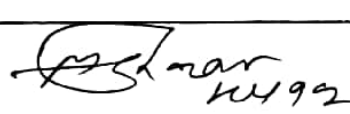


Date :

FORM COMP AA

[See Rules 253(c), 254(c)(iii), 254(8), 255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

1.	Name of the Police Station	:-	ps. Madakur Dist. Yercaud
2.	CR. NO./TAR No./SDE No.	:-	99/2019 U/S 279, 337 304(A) I.R.
3.	Date, Time and place of the accident	:-	At Kinnijawade NH-7 Road At 21/5/19 00. 03/00 AM
4.	Name of the injured/Deceased	:-	Death - Sathish Kumar V. Vairathinathan age 33 At Pucholai Tq. Ganga Wali Dist Salem. (TN)
5.	Name of Hospital to which he/she removed	:-	Rubul Hospital Karum
6.	Number of vehicles and type of the vehicle	:-	Truck ① TN. 34 AC 1359 ② AT 11 GA. 6805
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of issuing Authority of the said Badge	:-	Death - Sathish Kumar V. Vairathiyamathan age 33 At Pucholai L.N. TN. 27 2200 30002326 (NF) (T) ATO TN. 77 Attur
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	Ravikumar S Sengodan At 3188F Tiruchengodu Kumbari Dist Namakkal
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	New India Insurance Co., Mumbai 87 MG Road Fort Mumbai
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance	:-	NI 1101290079 29 June 2019 to 28 June 2020
11.	Action taken, if any and the result thereof	:-	
			 Inspector Of Police Police Station
N.B- This form should accompany with all the necessary document vis.(1) FIR (2) Panchnama (3) Medical Certificate/Post Mortem Report			