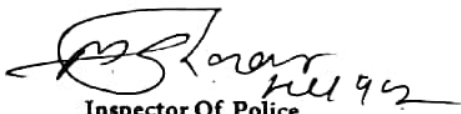


**FORM COMP AA**

Date:

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

**REPORT ABOUT THE MOTOR VEHICLES ACCIDENT**

1.	Name of the Police Station	:- P.S. Wadulcy Dist Yeerama
2.	CR. NO./TAR No./SDE No.	:- 108/2019 US 279 304(A)P
3.	Date, Time and place of the accident	:- At Kini petrol pump, NH 7 At 29/11/2019 on 08/45 AM
4.	Name of the injured/Deceased	:- Smt - Rukhamabai Bhaiyya Pawar age 65 year At Kini
5.	Name of Hospital to which he/she removed	:- P.M. Rural Hospital/Korambli At YCL
6.	Number of vehicles and type of the vehicle	:- 1 Charr. Truck UP 83- AF 9326
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	:- Anvenderu, Sompal Singh, age 37 At Sirsaganj, Gadigan Mokhally 79, Sirsaganj Dist Firozabad (UP)
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:- Preetish Kumar Bhatnagar At 412 Madhu Bani Sikohabad Dist Firozabad
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. Ltd. Boy Pass Road Firozabad
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance	:- 3229043118010000094
11.	Action taken, if any and the result thereof	:- C.M.O. 108/2019 US 279 304(A)
		 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		