आ.क्र. ६६८/२०
पो. स्टे. पांढरकवडा
दि. १५/~~३~~/२०२०

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	:-	Pandharkawada Dist. Yavatmal.
2.	CR. NO./TAR No./SDE No.	:-	91/20 Sec. 279, 304(A) IPC.
3.	Date, Time and place of the accident	:-	29-1-2020 at. 12.30. Patanbori
4.	Name of the injured/Deceased	:-	Amit. Haribhau Todasam Age 27 At. Asoli Tq. Chandanji Dist. Yavatmal
5.	Name of Hospital to which he/she removed	:-	—
6.	Number of vehicles and type of the vehicle	:-	MH-29-BN-0245 (Motorcycle)
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	:-	~~No~~ Nikhil Punaji Meshram. Age 25. At. Kalegao (B.) Tq. Kelapur.
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	Nikhil Punaji Meshram. At. Kalegao (B) Tq. Kelapur
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	Chola Insurance Distribution Services Private Limited.
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance	:-	20/11/2019 to 19/11/2024.
11.	Action taken, if any and the result thereof	:-	P.S Pandharkawada. Dist. Yavatmal
			Inspector Of Police पो स्टे पांढरकवडा Police Station
	N.B- This form should accompany with all the necessary document vis.(1) FIR (2) Panchnama (3) Medical Certificate/Post Mortem Report		