

11.05.20

पो. स्टे. पांढरकवडी

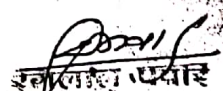
दि. 9/1/2020

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. Patamboli
4.	Name of the injured/Deceased	Amit. Haribhai 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	02/45 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 Mesharam Age 25. At. Kasegao (B.) Tq. Kelapur
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	Nikhil Punaji Mesharam. At. Kasegao (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 पांढरकवडी Police Station
	N.B- This form should accompany with all the necessary document vis.(1) FIR (2) Panchnama (3) Medical Certificate/Post Mortem Report	