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Form Comp A.A.

(See rules 253(c),234(5)(iii),254(2)255(1)(iv))

REPORT ABOUT THE, MOTOR VEHICLE ACCIDENTS.

1	Name of the police station	Yavatmal city police station Dist Yavatmal
2	CR.NO./FIR NO.U/SEC	613/2019 U/SEC. 279, 338 IPC.
3	Date, Time and Place of the Accident.	Rilayance Petrol Pamp. Near Pandharkavade Road Yavatmal 27/10/2019 at 15:30 to 16:00 P.M.
4	Name of the injured/deceased	Sayaad Saaid Sayaad Habib
5	Name of the Hospital to which he/she was removed	M.N.V.YTL. Refuse to Nagpur Hope Hospital Yavatmal Nagpur
6	Number of the vehicle and The type of the vehicle.	Swift DIZOOR No. MH. 27/BE-2421
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?	Manoj Suresh Butle AIE. of 31 years at. Saneguruij Nagar, Lohasa T. D. Yavatmal MO. NO - 8208936398
8	Name and address of the owners of Vehicles as it stand on the date of accident?	— / —
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	Maruti Insurance Broking Private Limited Nelson Mandela Road Vasant Kunj New Delhi - 110070
10	Number of insurance policy/insurance certificate and the date of the validity of the insurance policy/ insurance certificate.	11162067 31 Dec. 2018 Valid - 01 Jan. 2019 to 31 Dec. 2019
11	Action taken, if any and the result thereof	Registered CR NO. 613/2019 SE. 279, 338 IPC
Date :- / /2017		
		INSPECTOR OF POLICE POLICE STATION पावतमाल पोलीस स्टेशन ये रते यवतमाल (श)
NB:- This form should accompany with all the Necessary documents Viz. (i) FIR (ii) Panchanama, (iii) Medical certificate/Post Mortem Report etc.		