

# FORM COMP AA

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

Date :

## REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

1.	Name of the Police Station	Wadaky
2.	CR. NO./TAR No./SDE No.	88/20 W/S 279.337 338 JPL
3.	Date, Time and place of the accident	NH 7 Road, Kinyawade At 7/6/2020 At 10/30 Am.
4.	Name of the injured/Deceased	① Kiran Babgelo Stejul. ② Smchel Kiran Stejul. ③ Palak Kiran Stejul.
5.	Name of Hospital to which he/she removed	Dr. Kasare Hospital YTC
6.	Number of vehicles and type of the vehicle	T.N 28 AQ.1121 (Teal) MH29 BC 1287 (Crest)
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	Ravi R. Rengaswami Ag 43 yrs. No. 6 Akymangal Kanur Tirumalaipatty Dist Namakkal 637404 - L.N. TN28-19940001452 ATO Namakkal
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	Self. - Ravi R. Rengaswami
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	National Insurance Company Sengamangam Be Sengamangalam Bisness Center New No 457/2 Near Sudhi Theater At Namakkal
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance	Police No - 6550073/1910002963 At 26/3/2020 to 25/3/2021
11.	Action taken, if any and the result thereof	CAN 88/2020 W/S 279.337 338 JPL
		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

Pr. D. J. J. J.  
डा. ज. ज. ज.  
पोलीस स्टेशन, वडकी  
जिल्हा यंत्रणा