



FORM COMP AA

[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	-	undgaon jangle
2.	CR. NO./TAR No./SDE No.	-	182/20 Sec 304(A) 337838299
3.	Date, Time and place of the accident.	-	14/10/20 90 7/15 IPAC
4.	Name of the Injured /Deceased ✓	-	Hirama lakehaman modpage
5.	Name of Hospital to which he /she was removed.	-	Government hospital yavatmal
6.	Number of vehicles and type of the vehicle.	-	Truck, MH 84 BG 3339
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 the Issuing Authority of the said Badge.	-	vishnu parshuram kamble age 45 Add Ganesh pura post poghaf. Talukda mangalpur Dist. Washim
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	Chandra Kumar Kundandas Lalwani Add. Balapur dist Chandrapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	Universal sompo General insurance co. Ltd.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	-	201938021100 8/9/20 to 7/9/21
11.	Action taken, if any, and the result thereof.	-	A2, registered, spot panchanama chaasheet
			Inspector of Police,
			Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.			


ठाणेदार
पो. स्टे. वडगांव(जं.)