FORM COMP AA [See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)] REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

	_	- in all al		
	1.	Name of the Police Station	1:	Wadgaon (D)
	2.	CR. NO./TAR No./ SDE No.	+:-	84/20 Sec. 279.337,304(H)IP
	3.	Date, Time and place of the accident.	+;-	Dete-10/04/2020
. [4.3	Name of the Injured /Deceased		
[:	5.	Name of Hospital to which he /she was removed.	-:	V.N. GH Governent Horettaling.
	5.	Number of vehicles and type of the vehicle.		
17	7 .	Name and address of the Driver of the vehicle	+-	Creta ear No Four Vilher.
	,	with particulars or Driving License of the said		Kair Akhbarali Gilani age 3844 add. 4TL.
1		Driver and the address of the Issuing Authority of	. :-	License No - MH,29/200700004425
1	41.3	the said Driving License. The number of Badge in		
1	-	case of Public Service Vehicle and the address of		-
	3	the Issuing Authority of the said Badge.		
8.		Name and address of the Owner of the vehicle as		kais Akhabarali Gilani 19038
17	100	it stands on the date of the accident.	p.#6	add the
9		Name and address of the Insurance Company with		The oriental Insurance
		whom the vehicle was insured and the Divisional	-	company the
		Office of the said Insurance Company.		
10		Number of Insurance Policy /Insurance Certificate	-	182301/31/20201504
		and the Date of Validity of the insurance	:-	182301/31/2020/504
		Policy/Insurance Certificate.		
'II	. 1	Action taken, if any, and the result thereof.	:- F	IR, spot Panchnama, Inspection
				OF ATO YTY
	T			Inspector of Valice,
		25		Old Strien
			-	वाः स्ट. वडग्रह्(ज.)
	N	.B - This form should accompany with all the neces	sary	document, viz. (1) F KR (2) Panchanama
	(3) Medical Certificate/Post Mortem Report.	•	(2) I dictidadiana
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