

**FORM COMO AA**

{ see rules 253(c) 254(c) (iii) 254(80) 255(1)(iv)}

**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	126/19 sec 279,304 A IPC
3	Date, time and place of the accident	Date 02/04/19 at 11/30 BOTONI
4	name of the injured	Death Sonu Bharat Singh age 22 year at Pateri Dist Chapra State Bihar
5	Nome of the hospital to which he/she was removed	Maregaon phc, Vinas hospital Nagpur
6	Name of the vehicals and type of the vehicals	Trak balkar lyland MH 40 BG 1203
7	Name and address of the driver of the vehicals with paricular on driving license of the said driver and the address of the issuing authourty of the said driving license the number of badge in case of publice service and the address of the issuing of the said badge	Mohmmad Sajid Mohmmad Mustfa age 24 year at. Dadupur Tq Ranigang Dist Pratapgadh State Uttar Pradesh
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Jasbir Singh Harjit Singh Chabra Age 32 year at plant No 8 c/o Suryakant Dongre gurunanak pura near gurudwara Kamal chowk Nagpur
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the saiod insurance company	THE NEW INDIA ASSURANCE .CO.LTD NAGPUR D.O.III(160300)FIRST FLOOR PATNI BHAWAN GANDHIBAG NAGPUR, MAHARASHTRA 440002
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	16030031190100005148
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 126/19 sec 279,304 (A) IPC I/o Hc 683 Ramkrushna Wete ps maregaon 8805998683

NB This form should accompaqny with all the necessary documents viz (1) FIR (2) Pnchanama (3) Medical certificate/post mortarm Report