



FORM COMP 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	-	Chandrapur City
2	c.r. no /section	-	269/2021 sec. 279,338, 304, [a] ipc r/w 184 mv act
3	date , time and place of the accident	-	, Date 01/05/2021 time - 11/30 to 12/00 am aarvat rod homeopathic college near chandrapur
4	name of the injured / deceased	-	Deceased :- Pratibha Pinki Raju Devklkar age-32 At.Marda,dist chandrapur
5	name of the hospital which he /she was removed	-	District civil hospital chandrapur
6	number of vehicles and type of the vehicles	-	MH 34 AB 7019 Tippar
7	name and address of the driver of the with particular 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	-	Suraj yadaya yemlu Age-25 At Durgapur ,Ta.Chandrapur Dist- Chandrapur
8	name and address of the owner of the vehicle as it stands on the date of the accident	-	Ajay Rambhaji Wairagade Age-53 At Kalaram Mandir Ward Pathanpura Road Chandrapur 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	-	Go Digit Geeneral Insurance Limited
10	number of insurance policy / insurance certificate and the date of validity of the insurance policy / insurance certificate	-	D015872067/20052020 date - 21/05/2020 to 20/05/2021 till
11	action taken . if any and the result thereof	-	F.I.R. REGISTERED.
			Inspector of police Chandrapur City 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			