



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	-	77/2021 sec. 279,337,338, 304, [a] ipc r/w 184 mv act
3	date , time and place of the accident	-	, Date 02/02/2021 time - 18/00 to 18/15 pm mana tekdi road near KGN workshop chandrapur
4	name of the injured / deceased	-	Deceasad :- Baban Kashinath Chine age- 64 At Kisan Wasahat, Pathanpura Ward, 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 AX 3842 Splender
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	-	Vikas Ganesh Dhobe Age-23 At Charwat , Ta. Ballarpur Dist- Chandrapur
8	name and address of the owner of the vehicle as it stands on the date of the accident	-	Vikas Ganesh Dhobe Age-23 At Charwat , Ta. Ballarpur 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	-	ICICI Lombard Motar Insurance, Parshv Motors MUL Road Chandrapur
10	number of insurance policy / insurance certificate and the date of validity of the insurance policy / insurance certificate	-	3005/29621030/11396/000 date - 02/11/2015 to 01/11/2016 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

[Handwritten signature]
Inspector of Police
Chandrapur City