



FORM COMP AA

[SEE RULE 253 [C] (III) 254 (80255(1) (IV))

REPORT ABOUT MOTOR VEHICLES ACCIDENTS

	Name of the police station	BHADRAWATI Police station
2	Cr no.	543/2021 IPC 304(A) 27
3	Date time and place of the accident	
4	Name of the injured / deceased	Kavadu Peshi Jillewce
5	Name of hospital to which he / she was removed	SOG Distric Hospital
6	Number of vehicle and type of the vehicle	MH-34-DX-9683
7	Name and address of the Driver of the vehicle with particulars or Driving licence 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.	SAMEER SHALIK KUMAR Age-22- AT- Jambhara Post- chich palli Tal- Chandrapur
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	same as
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company.	ICICI Prudential Lombard Lombard General Insurance Co. Ltd ground floor 2 nd & ICICI Lombard house near mv
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance policy/ insurance certificate.	3005/50504677/11717/00
11	Action taken, if any and the result thereof.	-

Sulsh
संतोष म्हस्के
स.पो.नी पो.स्टे.भद्रावती

Sulsh
पैलिसी निरीक्षक
पोलिस स्टेशन भद्रावती
जि.चंद्रपूर