



FORM COMP AA

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

1.	Name of the Police Station	:-	BHRSI - DIST CHANDRAPUR
2.	CR. NO./TAR No./ SDE No.	:-	32/18, 279, 337, 304 (A) PPC BY ACT 184
3.	Date, Time and place of the accident.	:-	22/11/18 - 19/00
4.	Name of the Injured /Deceased	:-	PARWATA KAWADU - CHOUDHARI - CS
5.	Name of Hospital to which he /she was removed.	:-	M.O. HOSPITAL NAGAPUR
6.	Number of vehicles and type of the vehicle.	:-	MH-34-BK-2151 M.V.
7.	Name and address of the Driver of the vehicle with particulars 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.	:-	MAHOJ SUKHDEW MESRAM A9-22 AT SANKRUR TA. CHRMUR - DIST. CHANDRAPUR - DRIVING LICENSE - NO.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	. SHZSOPAL. PSHWAR. SHENDE AT. PO. SHANKRUR TA. CHRMUR - 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 General Insurance CO LTD. ICICI Lombard House 414 VEYS SURYASKAR MANSY NEAR SIDDH VINAYAK Temple Prabhudani MUMBAI - 400025
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	3005/38862470/11396100 DATE. 22/11/2017 TO 21/11/2018
11.	Action taken: if any, and the result thereof.	:-	PS. BHRSI CR NO. 32/18 279, 337, 304 (A) PPC BY ACT. 184
			Inspector of Police वर्षा Police Station पुलिस स्टेशन भिंसा जिल्हा-चंद्रपुर
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post - Mortem Report.			

"THIS IS SYSTEM GENERATED DOCUMENT AND REQUIRES NO SIGNATURE"