

FORM COMP AA

[See Rules 253, 254 (c)(iii), 254(8), 255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

| Sr.No. | Particulars | | Remarks. |
|--------|---|----|---|
| 01 | Name of the Police Station | :- | ERANDOL |
| 02 | CR.No./TAR No./SDE No. | :- | CR NO- 50/2017 IPC 279,337,427 MVAct184 |
| 03 | Date,Time,and Place of the accident | :- | Date 30/08/2017 at 23.00 on .NH 6,at Shaha petrolpum TAL-Erandol |
| 04 | Name of the Injured/Diceased | :- | MH04/AX2458 Driver |
| 05 | Name of Hospital to which he/she was removed | :- | Rural Hospital Erandol |
| 06 | No.of vehicles and type of the vehicles | :- | TWO vehicles Indica Car No- MH04/AX2458 Mahendra Bolero MH-39/J3357 |
| 07 | 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 address of the Issuing Authority of the said Badge. | :- | AVINASH ANIL CHAUDHARI Resident A/P-DATTA MANDIR ERANDOL Driving License No-MH-19/20120044454 (TRANS) MH-19/2015159 |
| 08 | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | Sandip Ashok Patil Age 35 Resident - DharmrajNAGER Court Road Nandurbar |
| 09 | 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 Insurence com.Ltd TATA MOTERS FINANCE LTD JALGAON |
| 10 | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | :- | Policy/Insurance Certificate No-3003/TM-100036657/00/000 Date of validity-13/05/2014 To 12/05/2017 |
| 11. | Action taken,if any,and the result thereof | :- | Offence registered and police investigation is going on accused driver- Statement of vitnesses and ividence collection going on.inspectin of vehicle completed POLICE INSPECTOR ERANDOL POLICE STATION |