

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-53/2017 IPC 279,304A MVAct 184,134B
03	Date,Time,and Place of the accident	:-	Date 20/06/2017 at 15.00 to 16.00 on State Highway NO185 Erandol city Near Mhasawad Naka
04	Name of the Injured/Diceased	:-	Injured ₹ Kesarbai Chaudhari Age 80 Years
05	Name of Hospital to which he/she was removed	:-	Civil Hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	One vehicles I10 Car No- MH 19/CU1076
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.	:-	SUNIL SANMBHAGI MAEE Resident A/P- B-301.ADITYA BREEZE PARK NEAR ABHIYANTA COLONY JALGAON
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	SUNIL SANMBHAGI MAEE Resident A/P- B-301.ADITYA BREEZE PARK NEAR ABHIYANTA COLONY JALGAON
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 Insurance com.Ltd ICICIL Lombard HOUSE,414VEER SAVARKAR MARG NEAR SIDDHIVINAYAK TEMPLE,PRABHADEVI,MUMBAI 400025
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy/Insurance Certificate No-3001/HI-10556114/00/000 Date of validity-12/06/2017 To 11/06/2018
11.	Action taken,if any,and the result thereof	:-	Offence registered and police investigation is going on accused driver- SUNIL SANMBHAGI MAEE Statement of witnesses and evidence collection going on. inspection of vehicle completed POLICE INSPECTOR ERANDOL POLICE STATION