

## 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- 68/17 IPC 279,304(A) MVAct184
03	Date,Time,and Place of the accident	:- Date 02.11.2017 at 14.30 on .NH06 hotal priyanka TAL-Erandol
04	Name of the Injured/Diceased	:- -
05	Name of Hospital to which he/she was removed	:- shvil Hospital jalgaon
06	No.of vehicles and type of the vehicles	:- TWO vehicles & mendra pekup
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.	:- Roshan ramesh devare yeg,21 Resident- pimpalgaon basvant dist.nasik Driving License No-
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Vinod ramesh devare SHASTRI NAGAR,PAMPALGAON,TAL.NIPHAD,MAH ARASHTRA
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- FOR FOR tata AGI general insurance company ltd. ROM,3 <sup>RD</sup> FLOOR,THE ORION,5KOREGAON PARK road,pune 4111001
10	Number of Insurance Policy/Insurance	:- POLICY NO 015546162801

	Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		22.10.2016 TO 21.10.2017
11.	Action taken,if any,and the result therof	:-	<p>Offence registered and police investigation is going on accused driver-  Statement of vitnesses and ividence collection going on.inspectin of vehicle completed</p> <p style="text-align: right;">POLICE INSPECTOR  ERANDOL POLICE</p> <p>STATION</p>