

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	:-	Amalner
02	CR.No./TAR No./SDE No.	:-	Part5 cr. No138/17 IPC 304(a)
03	Date,Time,and Place of the accident	:-	Date30/06/17 @20.30 patonda to savkheda Road
04	Name of the Injured/Diceased	:-	Antim vilas patil, Ded satish sakharam patil
05	Name of Hospital to which he/she was removed	:-	Sivil hospital amalner
06	No.of vehicles and type of the vehicles	:-	Two Wheeler hiro motor cycle
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.	:-	Antim vilas patil A/P patonda tal Amalner Mh-19-20121260 jalgaon
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Antim vilas patil
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	Traffic Agency AIG Genaral Insurance company ltd penins ulakvus in bess park tower first Floor G K Marg lovar parel Mumbai
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	0182643992/000000/ 00 15/06/2018- Mid night
11.	Action taken,if any,and the result therof	:-	.- Sd/-- Police Inspector, Amalner Police Station, Dist.Jalgaon.

