

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- 73/17 IPC 279,337,338,427 MVAAct184,134(B)
03	Date,Time,and Place of the accident	:-	Date 03.12.17 at 17.00 on .NH06 BHALGAON FATA TAL-Erandol
04	Name of the Injured/Diceased	:-	Saishing dalshing pawra age.48
05	Name of Hospital to which he/she was removed	:-	Rular Hospital Erandol
06	No.of vehicles and type of the vehicles	:-	Traval &TWO vehicles
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.	:-	Ashakaran ramu ram jaat Resident- Add.Khariya kaniram sujangarh churu (raj) Driving License No- RJ 10 20060025818
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	SANJEEV KUMAR add.S/O HARI RAM R/O RAILWAY PULYA KE PASS PIPRALI ROAD SIKAR RAJASTHAN 332001 03.12.2017 At 17.00,
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	THE NEW INDIA ASSURANCE CO.LTD. SIKAR DIVISINAL OFFICE (331600) THE NEW INDIA ASSURANCE CO.LTD.LST.FLOOR KHATRI MANZIL,MAYA PURI,JAIPUR ROAD SIKAR RAJASTHAN 332001
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NO 33160031170100005167 12.10.2017 TO 11.10.2018
11.	Action taken,if any,and the result therof	:-	Offence registered and police investigation is going on accused driver- Statement of vitnenses and ividence collection going on.inspectin of vehicle completed POLICE INSPECTOR ERANDOL POLICE STATION

