

Form comp AA  
 Sec Rules 253(c )(iii),254,(80,255(1)(iv)  
 Report about the motor vehicles accident

1	Name of the police station	:-	Khed police station
2	CR.NO./TAR NO./SDE	:-	Accident no.65/2017 sde 15 at 11.52 am
3	Date Time and place of accident	:-	Mumbai-Goa highway kashedi ghat on 1/6/2017 at 15.00 pm
4	Name of the injured/Deceased	:-	nil
5	Name of the hospital to which he/she was removed	:-	nil
6	Number of vehicles and type of vehicle	:-	01 Truck no. MH-48/AF-5141
7	Name and address of the Driver of the vehicle with perticular or Driving Lincense Authority of the said Driver and the address of the Issing Authority Athority of the said Driving License The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of said Badge	:-	Kamlakar Namdevrao Gore, Age-42, AT- Ahemadpur, in front of Mauli Ashram, Prabhavati Nagar, Tal- Ahemadpur, Dist-Latur DL.NO.MH-24 20090019825 Issuing Authority – MH-24 2016235
8	Name and address of the Owner of the vehicle as it stand on the date of the accident	:-	Mr.Sharad Kisan Bhoite, SARAGAM APT, PLT-35/36G/H, R.NO.-329, SEC-9, KAMOTHE, DIST-RAIGAD NAVI MUMBAI
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office the said Insurance Company	:-	THE NEW INDIA ASSURANCE CO.LTD Issuing office-NEW INDAI CENTRE(113400) DO-9 TH FLOOR, NEW INDIA CENTRE, 17/A, COPERAGE ROAD, MUMBAI, MAHARASHTRA-400039
10	Number of Insurance Policy Insurance Certificate and Date of validity of the insurance Policy /Insurance Certificate	:-	Policy number - 11340031160100024213 28-3-2107 12.00.01 to 27/3/2018

11	Action taken if any and result thereof	:-	Motor vheicle case number 49/2017 mvact 184 SCC NO 161/2017 Fine 1000 RS.
			<i>Mam</i>
			Inspector of Police
			Khed police Station
NB – This form, should accompany with all the necessary document viz (1) FIR (2)Panchanama (3)Medical Certificat/ Post – Mortem Report			

1	Name of the insured/Deceased	
2	Name of the hospital to which he/she was removed	
3	Number of vehicles and type of vehicle	
4	Name and address of the Driver of the vehicle with particular of Driving license Authority 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 the address of the Issuing Authority of said Badge.	
5	Name and address of the Owner of the vehicle as it stand on the date of the accident.	
6	Name and address of the insurance Company with whom the vehicle was insured and the Branch Office of the said insurance Company.	
7	Number of insurance Policy Insurance Certificate and Date of validity of the insurance Policy Insurance Certificate.	