

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.79/2017
3	Date Time and place of accident	:-	On Mumbai-Goa highway at kashedi ghat dated 4/8/2017 at 17.45 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 Heavy Goods Vheicles DL-1 GC-3637
7	Name and adrees 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	:-	Sumsuddin Suleman .AGE-42,R/O-H.NO.50,DUDOLI,THE-PUNHANANA MEWAT,HARIYANA DL NO. HR-28 1997 0005976  MEWAT RTO HARYIANA
8	Name and address of the Owner of the vehicle as it stand on the date of the accident	:-	MRS. SEEMA SURENDER ,C-79,PACHHAYA MOHALLA,CHHAWLA,DELHI
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office the said Insurance Company	:-	UNITED INDIA INSSURANCE COMPANY,
10	Number of Insurance Policy Insurance Certificate and Date of	:-	2901023116 P 112633019 19/12/2014 TO 18/12/2017

	validity of the insurance Policy /Insurance Certificate		
11	Action taken if any and result there of	:-	MOTOR VHEICLES REG.NO.66/2017 ON 7/8/2017 FINE 1000 RS
		:-	
			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			