

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 87/2017
3	Date Time and place of accident	:-	1/9/2017 at 10:00 AM Mumbai - Gog Highway - Udhare
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	:-	Eicher Tempo mtr04/HD-6928
7	Name and address of the Driver of the vehicle with particular or 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	:-	Sajid Ahmad Shaikh. Ad - GND Flr., Hindustan Nagar, S.P. Rd, Antop Hill, Wadala, Mumbai.
8	Name and address of the Owner of the vehicle as it stand on the date of the accident	:-	Rashmi Rashmi Singh. Catala - A, A/69, Sidharath Complex, Opp. Mamas Pet Pump, Dapodi, Bhiwandi
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office the said Insurance Company	:-	IFFCO-TOKIO General Insurance Co. Ltd, IFFCO Sadan, C1, DIA - Centre, Saket New Delhi, 110017.
10	Number of Insurance Policy Insurance Certificate and Date of validity of the insurance Policy /Insurance Certificate	:-	Policy Number I-HD 6CF 43 P 400 Policy 28776322 31/8/17 to 30/8/18

11	Action taken if any and result there of	:-	MVA case sent into JMFC Khed 82117 MVA 184 fine 1000 RS.
:-			<i>[Signature]</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 injured/deceased	MIL
2	Name of the hospital to which he/she was referred	MIL
3	Name and address of the Driver of the vehicle with particular on Driving License	29. 24, Anand Hill, Bhopal, Madhya Pradesh.
4	Name and address of the Owner of the vehicle as it stand on the date of the accident	Dr. Pankaj Kumar Singh, Civil - A, A.P. Sidhanta Complex, Old - Panchayat, Bhopal, Madhya Pradesh.
5	Name and address of the insurance Company with whom the vehicle was insured and the Regional Office the said insurance Company	IFFCO Tokio General Insurance Co. Ltd., New Delhi, India.
10	Number of insurance Policy Insurance Certificate and Date of validity of the insurance Policy	Policy Number: IHD 6CF 431400 Policy 2875655 31/11/17 to 30/11/18