

**FORM COMP AA**  
**Sec Rules 253 (c)(iii)254(80255(1)(iv)**  
**Report about the motor vehicles accident**

1	Name of police station	:-	Khed police station
2	CR.NO./TAR NO./SDE	:-	Accident no 88/17, Cr.no. 213/17 IPC sec 304(A),279,337,338 m.v.act sec 184
3	Date time and place of accient	:-	mumbai goa highway, lotemal, near HP petrol pamp on 02/09/17 at 22.20 pm
4	Name of the injured/deceased	:-	deceased – jignesh kisan shigvan age-29 injured – amol ashok malkar age-27
5	Name of the hospital to which he/she was removed	:-	life care hospital, chiplun
6	Number of vehicles and type of vehicle	:-	2 vehicles track no GJ/11/X/9202 motor bike no. MH/08/Y/6620
7	Name and address of the driver of the vehicle with perticuler or driving lincense 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	:-	Kasammiya Mahmadiya Masakputra age-38 Add – atpost- zadaka, tahsil- maliya, dist- junagadh, state- gujrat  driving lincense no- GJ1120030027398 Validity -04/08/2023 Junagadh RTO
8	Name and address of the owner of the vehicle as it	:-	Rafikbhai yusufbhai dal add- at zadka, talmalitahatina, dist- junagadh



	stand on the date of the accident		
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office the said insurance company	:-	shriram general insurance co. ltd e-8, rilco industrial area, sitapura, jaipur, rajsthan 302022
10	Number of insurance policy insurance certificate and date of validity of the insurance policy/insurance certificate	:-	Policy no – 10003/31/17/495358 Validity – 14/01/2018
11	Action taken if any and result there of	:-	under investigation
			Inspector of police
			Kheda police station
NB- this form should accompany with all the necessary document viz (1) FIR (2)Panchnama (3)Medical certificate/Post –Mortem Report			