

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	:-	Motar Accident no.91/2017
3	Date time and place of accient	:-	22/09/2017 at 14.45, mumbai goa high way road, nr omega in hotel, dhamandevi, tal- khed
4	Name of the injured/deceased	:-	----
5	Name of the hospital to which he/she was removed	:-	----
6	Number of vehicles and type of vehicle	:-	2 vehicles Mahindra Scorpio no MH/08/ Z/5527 track no HP/12/H/0978
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 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	:-	1. Prashant bajirao naik add- at post dhamandevi, gharda colony tal-khed, dist-ratnagiri 2. Akvindar amardeep singh add - himachalpradesh
8	Name and address of the owner of the vehicle as it	:-	1. gharda chemical ltd midc lote, khed 2. Akvindar amardeep singh add - himachalpradesh

	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	:-	Royal sundaram general insurance co. limited add- rider house, ground and first flr, plot no.136, sector - 44, gurgaon - 122001
10	Number of insurance policy insurance certificate and date of validity of the insurance policy/insurance certificate	:-	Policy no – VPC0588001000103 Validity – 23/09/2017
11	Action taken if any and result there of	:-	Send case under m.v.act sec 184 charge penlty of rs.700/- S.C.C.NO.
			Inspector of police
			Khed police station
NB- this form should accompany with all the necessary document viz (1) FIR (2)Panchnama (3)Medical certificate/Post –Mortem Report			