


FORM COMP AA
[See Rules 253(c)254(c),(iii),254(80 255(1)(iv)]

1	Name of the Police Station	Dapoli.
2	CR.NO./TAR No./SDE NO.	(MV Accident No-26 /2017)
3	Date, Time and Place of the accident	06/11/2017, 15.00 , Dapoli Kalkaikond Jama Mashid Tal-Dapoli
4	Name of the Injured/Deceased	No.
5	Name of Hospital to Which he/she was removed	-
6	Number of vehicles and type of the vehicle	Crane No. NL/02/N/2188
7	Name of address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address 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 the Badge.	1) Crane No.NL/02/N/2188 (Driver- Suryapratip Vijaypratip Singh , At/pot- Tal -Khed) License – NO.UP 57 20110007141 Vil- 4/7/2031 - RTO KHUSHINAGAR
8	Name and address of the Owner of the Vehicle as it stands on the date of the accident.	1) SURESH TUKARAM Mahadik A/P Lote Tal-Khed accident Date-06/11/2017
9	Name and address of the Insurance Company With Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	The New india Insurance company, Ltd- 170900 Block No.40 2 nd Floor Ajinkya Arcade Shivaji Chowk Chiplun
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	Policy No.- 17090031170100011730 23/11/2017 to 22/11/2018
		 Inspector of Police. Dapoli Police Station