


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.	171/2017 I.P.C ,act 279, MV,act184 3/181 (MV Accident No-23/2017)
3	Date, Time and Place of the accident	06/10/2017, 15.45 , Dapoli vankar petrol pamp gimhawane
4	Name of the Injured/Deceased	-
5	Name of Hospital to Which he/she was removed	-
6	Number of vehicles and type of the vehicle	1. mahindra car kuv 100-k-4 no. MH 08/AG/5038 2. s.t bus no MH 20/D/8981
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) mahindra car kuv 100-k-4 no. MH 08/AG/5038 (Driver- somnath koshiram pavase at. Post pajpandhari Tal –Dapoli License – MH08 20150017475 DOI-16/11/2015 valid-27.07.2031 MAHARASHTRA 2. Sachin Manshing Shirke At.post- Talsure Tal- Dapoli License –MH-08-4414/03 DOI 29/7/2003 Badge No.-28857
8	Name and address of the Owner of the Vehicle as it stands on the date of the accident.	somnath koshiram pavase at. Post pajpandhari Tal –Dapoli Date-06/10/2017
9	Name and address of the Insurance Company With Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	New india Insurance company ltd, add-170900 Block No.40 2 nd Floor, Ajinkya Arcade, Shivaji Chowk Chiplun-415605 Maharashtra. Car No mahindra car kuv 100-k-4 no. MH 08/AG/5038
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	Policy No.17090031160300006147 30/12/2016 to 29/12/2017


Inspector of Police.
Dapoli Police Station