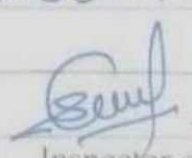


FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80-255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

| | | | |
|----|--|----|--|
| 1. | Name of the Police Station | :- | Banda. |
| 2. | CR. NO./TAR No./ SDF No. | :- | 10/2022 IPC/279,337.mv Act-184 |
| 3. | Date, Time and place of the accident. | :- | 07/10/2022 sidharth nagur Banda |
| | Name of the Injured /Deceased | :- | Sidharth MIT Jovito lobo |
| | Name of Hospital to which he /she was removed. | :- | PScl Banda |
| | Number of vehicles and type of the vehicle. | :- | mit/2 sm7184 |
| | Name and address of the Driver of the vehicle with particulars or Driving License 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 the said Badge. | :- | MIT Post - handewadi Pune with |
| | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | with Jovito lobo |
| | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | :- | Tata AIG general insurance company |
| | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | :- | chargsh 20/01/2020 To 10/01/2025 |
| | Action taken, if any, and the result thereof. | :- | chargshited. |
| | | |  Inspector of Police, Banda. Police Station. |

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.