


FORM COMP AA

[See Rules 253 C, 254 (e) (ii), 254 (b) 255 (1) (v)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1. Name of the Police Station	- Bārnda
2. CR. NO./AR No./MH No.	- 46/2022 IPC/279,337,389
Date, Time and place of the accident	- 06/07/2022 Panval
Name of the Injured /Deceased	- Andardrao Appa mane
Name of Hospital to which he /she was removed.	- Psc/Bārnda
Number of vehicles and type of the vehicle.	- MH07CG701
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.	- ATPOST-doyali Tal-satJat dist-sungli
Name and address of the Owner of the vehicle as it stands on the date of the accident.	- Andardrao Appa mane
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	- HDFC argo general insurance company
Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	- 07/07/2022 To 06/07/2023
Action taken, if any, and the result thereof.	- chargesheeted.
	 Inspector of Police, Bārnda 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.