


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./SDE No.	-	70/2022 IPE/84431, 279, 337, 338
3.	Date, Time and place of the accident.	-	25/08/2022 insuli
4.	Name of the Injured /Deceased	-	Vijaya Kishor Karwar
5.	Name of Hospital to which he /she was removed	-	PSI Banda
6.	Number of vehicles and type of the vehicle.	-	MA 41 CB 3410
7.	Name and address of the Driver of the vehicle with particulars of 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.	-	BT Post - weloniya, Burdan Khurda Bune
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	Vijaya Kishor Karwar
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	—
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	-	—
11.	Action taken, if any, and the result thereof.	-	Chargesheeted
			 Inspector of Police, Banda - Police Station.
<p>N.B - This form should accompany with all the necessary document viz (1) I.R (2) Panchanama (3) Medical Certificate/Post - Mortem Report.</p>			