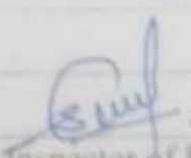


FORM COMP AA
 [See Rules 253 C, 254 (c) (iii), 254 (B) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	-	Banda
2.	C.R. NO./A.R. No. SDE No.	-	72/2022 IPCL 279, 337, 338
3.	Date, Time and place of the accident.	-	10/09/2022
4.	Name of the Injured /Deceased -	-	Amaiy datt Prasad Kulkarni
5.	Name of Hospital to which he /she was removed.	-	Psc/Banda
6.	Number of vehicles and type of the vehicle.	-	MH07 AU 5333
7.	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.	-	At Post - malvan trumbhurnmat
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	Affame Amaiy datt Prasad Kulkarni
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	F BAJAJ - ALLIANZ general insurance company
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	-	21/02/2022 To 27/02/2023
11.	Action taken, if any, and the result thereof.	-	charshited
			 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.