


### FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (BD 255 (1) (d))]   
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1. Name of the Police Station	Banda
2. CR. NO./TAR No. SDE No.	158/12/2022 IP/279,337,338
3. Date, Time and place of the accident	05/11/2022 Insuli
4. Name of the Injured/Deceased	Sushil Manu Sawant
5. Name of Hospital to which he/she was removed	PSC/Banda
6. Number of vehicles and type of the vehicle.	MH07 PL 3454, MH46AR-3763
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.	ATPost - Insuli Bilewadi
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	Sushil Manu Sawant
9. Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Tata Aigeneral insurance company LTD
10. Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	05/03/2022 TO 04/03/2023
11. Action taken, if any, and the result thereof.	chargesheeted
	 Inspector of Police, Banda Police Station
N.B - This form should accompany with all the necessary document viz (1) I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.	