


FORM COMP .AA
(See rules 253,253 (C),(iii),254 (80),255 (I) (iv)

1	Name of the police station	VAIBHAVWADI
2	CR.NO./TAR /SDE No.	Cr 49/2023 IPC – 279,337,338 MV ACT -184,
3	Date of time & place of Accident	05/05/2023 on 06.15 At – UMBARDE vijllage TAL-VAIBHAVWADI
4	Name of injured / Deceased	Name of injured- JAHANGIR FARDIN KALAL A/P MALEGAON TAL-MIRAJ DIST-SANGALI
5	Name of the Hospital to wich He / She was removed	UNKOWN
6	Number of Vehicle &type of Vehicle	ST BUS NUMBER MH 20BL 2132 TANKUR NUMBER MH 12 RN 1000
7	Name & address of the driver of the Vehicle wich perticulers of driving license of the said and the address of the issuing Authority of this said Driving license.the number of Badge in case of publice Vehicle & the address of the issuing Authority of the said Badge	Driver Name - JAHANGIR FARDIN KALAL A/P MALEGAON TAL-MIRAJ DIST-SANGALI
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	ARUN JAYWANT RAJMANE A/P MALEGAON TAL-MIRAJ DIST-SANGALI
9	Name & address of the Insurance company with whom the Vehicle was Insurance & the Divisional office of the said Insurance company	SBI GENRAL INSURANCE COMPANY LIMITED dist-Sangali
10	Number of Insurance police / Insurance certificate and the date of validity of the Insurance police / Insurance certificate	Null -
11	Action taken,if any & result of	Offence Reg - Cr 49/2023 IPC – 279,337,338 MV ACT -184,
		 Police Inspector Vaibhavwadi
	N.B – Thise from should accompany with all the necessary documents (1) FiR (2) Panchanama (3) Medical Certificate / postmortem report	