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FORM COMP.A.A.

(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv)) REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1. Name of the Police Station 2. Cr/No.Tar/No. SEC No. 3. Date Time and place of the accidents 4. Name of the Injured/deceased 5. Name of the Hospital to whiche he/she was removed 6. Number of vehicle and types of the vehicle 6. Number of vehicle and types of the vehicle with particulars driving license of the said driver driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge? 8. Name and address of the Owner of the Vehicle as it stand on the date of the accident? 9. Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany? 10. No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate and the date of the validity of the Insurance Policy/Insurance Certificate. 11. Action teken if any and the result there of. 22. Cr/No.Tar/No. SEC No. 33. Date Time and place of the accidents 34. Name of the Injured/deceased 34. Name of the Injured/deceased 34. Name of the Injured/deceased 35. Name of the Hospital to whiche he/she was removed 36. Number of vehicle and types of the vehicle 37. Name and address of the driver of the vehicle with particulars driving license of the said Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the Insurance Company with whom the Vehicle was msured and the Divisional office of the said Insurance Certificate. 38. Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurance Policy No VGT0114361000100 39. Name and address of the Insurance continued. 30. Date of the Validity – 20/10/2020 to 19/10/2021 30. Date Time and place 20 At-Post Matgav Tal-Dahanu Dist-Palghar. (Death) 30. Motar Truck No-GJ 09 Z 5276 31. Address-Diresh Matgav Tal-Dahanu Dist-Palghar. (Death) 31. Action teken if any and the result ther		THE OWN TROOT AND THE		
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NB:-This form Should accompany with all the necessary document viz (i) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.

Date: - 24/10/2020

INSPECTOR OF POLICE GHOLWAD POLICE STATION