

FORM COMP AA

(see Rules 253(e),254(e)(iii),254(80255(I)iv

REPORT ABOUT THE MOTAR VEHICLES ACCIDENT

1	Name of the police station	Kannad Rural
2	CR.NO./TAR NO/SDE NO	Cr no.155/2019 U/S 279,337,338 IPC W/S 134/177 M.V.ACT
3	Date Time and place of the accident	D-10/10/2019 14.00 TO 20.30
4	Name of the Injured/Deceased	1.BADRI CHAGAN RATHOD AGE 60 AT.BORMALI TQ.KANNAD 2.ASHOK AANAND GAYKAWAD AGE-30 AT.TAKLI TQ.PACHORA D-JALGAON
5	Name of Hospital to which he/she removed	GHATI HOSPITAL KANNAD AND AURANGABAD
6	Number of vehicles and type of the vehicles	KRUZER MH19 AX1627
7	Name and address of the Driver of the vehicles with the particular or Driving Licence of the said driver and the address of the issuing Authority of the said driving licence. The number of badge in of publice service vehicles and the address of the inssuing aurthority of the said badge	LIACENCE NO.MH 2020130031143 D-13/09/2013 RTO A.BAD MAHARASHRTA AT.JARANDI TQ.SOYGAON D- A.BAD
8	Name and adres of the owner of the vehicle as it stands on the date of the accident	SACHIN ARUN PATIL AGE-27 AT.JARANDI TQ.SOYGAON D- A.BAD
9	Name and address of the insurance company with whom the vechile was insured and the divisional officer of the said insurance company	UNITED INDIA INSURANCE COMPANY LIMITED
10	Number of the insurance poilce insurance certificate and date of validity of the insurance policy nusurence certificate	UNITED INDIA INSURANCE COMPANY LIMITED PO.NO. 2305003118P113025523 CERTIFICATE NO. 2305003118P113025523
11	Action taken . if any and the result therof	INVESTISTIGATION IN PROGRESS