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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	NER
2	CR NO./FIR NO.U/SEC	102/8080 U/S 273, 304CA) IPC
3	Date, Time and Place of the Accident.	04/03/2020 TIME 14/45 PM PLACE - FUTKA MATHA, NER. TO/FR ROAD.
4	Name of the injured/deceased	SURESH RUPISING JADHAW
5	Name of the Hospital to which he/she was removed	RURAL HOSPITAL NER.
6	Number of the vehicle and The type of the vehicle.	MH-29 BN 5748 PASSION PRO HERO
7	Name and address of the Driver of the Vehicle with Particulars of driving licence of the said driver and the address of the issuing authority of the said badge?	R/O SONWADHONA TG - NER. DIST - YAVATMAL
8	Name and address of the owners of Vehicles as it stand on the date of accident?	JADHAW SURESH RUPISING DATE - 4/3/2020
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	TATA AIG INSURANCE
10	Number of insurance policy/insurance certificate and the date of the validity of the insurance policy/ insurance certificate.	8191424798/000000/00 VALIDITY DATE - 16/01/2020 - 2025
11	Action taken, if any and the result thereof	
Date :- 09/01/2018		INSPECTOR OF POLICE POLICE STATION

NB:- This form should accompany with all the Necessary documents
Viz. (i) FIR (ii) Panchanama, (iii) Medical certificate/Post Mortem Report etc.