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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	News	TOTOR VEHICLE ACCIDENTS.
	Name of the police station	
2	CK.NO./FIR NO.U/SEC	NER DI You'd't may
3	Date, Time and Place of the Accident.	4122 BFC 279, 427 1P1
4	Name of the	2415/22: 10/30 AM.
	injured/deceased	
5	Name of the Hospital to	Nill
6	which he/she was removed	rin
	Number of the vehicle and The type of the vehicle.	· · · · · · · · · · · · · · · · · · ·
7	Name and address of the	1 vikal BULKERE DHOUNHAD POINDEDRAD VIKE
	Driver of the Vehicle with	OHOLINAD PAMDEDRAD VIKE
	Particulars of driving	Add. moisa Ta. Dist yavert ma)
	licence of the said driver	D/3/
	and the address of the issuing authority of the	
1 1	said badge?	[통해] 하다 12.00분명 12.00분명 등 12.00분명 등 12.00분명 기본 12.00분명 기본 12.00분명 기본 12.00분명 기본 12.00분명 기본 12.00분명 기본 12.00분명 [통화하다] 기통화하는 12.00분명 기본 12.00분명 기
8	Name and address of the	1913. SUNA NAMELY
	owners of Vehicles as it stand on the date of	MR. SUNFIL NANDKISHOK AGRAWEL
	accident?	Add- HOUS NO 153 CHOTI GUJARI Y QUUTPUI,
9	Name and address of the	MR SUIVIL MOLLING
	insurance company with	10101 Lombord Wilshows
	whome the vehicle was insured and the Divisional	Siaoni Minash Tempie Marke Uclade
	officer of the said	Riagni Minaria. Minche volade
	insurance company?	31 a a Ni Mi Hagh Tempie Prendami mombri
10	Number of insurance	400 025
	land the land	PLACE DE 13/2/2023
	and the date of thevalidity	to 14/2/2022
	of the insurance policy/ insurance certificate.	40 191212022
11	Action taken,if any and the	그는 가는 그리고 하는 것이 있다.
	result thereof	2/8/22
Dat	te:- 09/01/2018	7,0,0
		MHIIM
		WWW
NR.	- This form should accompany (i)FIR(ii)Panchapara (iii)	INSPECTOR OF POLICE

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