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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 Di yavutma/
2	CR.NO./FIR NO.U/SEC	204/22 SEC 279, 427 I PL
3	Date, Time and Place of the Accident.	24/5/22 : 10/30 AM.
4	Name of the injured/deceased	Nil
5	Name of the Hospital to which he/she was removed	Nil
6	Number of the vehicle and The type of the vehicle.	1 viral BUICK
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?	DEVIKAR NAMDORAO VIKAR Add. MOYA TA. DIST YAVUTMA/
8	Name and address of the owners of Vehicles as it stand on the date of accident?	MR. SUNIL MANDRISHOR AGRAWAL Add- Hous No 153 CHOTI GUJARI YAVUTMA/
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	MR. SUNIL MANDRISHOR AGRAWAL Add. Hous No 153 CHOTI GUJARI YAVUTMA/ ICICI Lombard. Mumbai Siddhi Vinayak Temple Prabhuji Mumbai 400 025
10	Number of insurance policy/insurance certificate and the date of the validity of the insurance policy/ insurance certificate.	1 place Date 13/2/2023 to 14/2/2022
11	Action taken, if any and the result thereof	2/6/22
Date :- 09/01/2018		

INSPECTOR OF POLICE
पोलीस निरीक्षक
पो.स्ट.नेरNB:- This form should accompany with all the Necessary documents
Viz. (i) FIR (ii) Panchanama, (iii) Medical certificate/Post Mortem Report etc.