



FORM-COMP. AA

(See rule 253(c), 254(5)(iii), 254(8), 255(i)(iv))

Report About The Motor Vehicles Accidents

1. Name of the police Station : police station NEE DIST Yavatma
2. Crime No./TRR No./SDE No. : 64/2020 section. 279, 337, 304A &
3. Date time and place of the accident : Near Valfali R. Date 4/02/2020
4. Name of the injured deceased : Amae Shrawan Shelokar ^{16/90} age 22
5. Name of the Hospital to which he/she was Removed : Rural Hospital NEE
6. Number of vehicle and the type of the : MH-32 C 7622 vista.
7. Name & address of the Driver of the vehicle
With particulars of driving licence of the said
Driver and the address of the issuing
Authorite of the said driving licence. : Amae Shrawan Shelokar age 22
At:- Mangrul Chauwala. Ta. Nandgaon
8. Name & address of the owner of the
vehicle as it stands on the date of the
accident. : Dyameshwar Shrawan Shelokar
At:- Mangrul Chauwala Ta Nandgaon
DIST Amravati.
9. Name & address of the insurance company
With whom the vehicle was insured and the
Divisional office of the said insurance company. : Cholamandalam MS General
& Insurance Co. Ltd.
10. Number of insurance policy/insurance
certificate and the date of validity the

police/certificate of insurance.

: dt 24/07/2019 to 23/02/2020

11. Action taken, if any and the result thereof

: —

Date 25/02/2020.

Signature-

(Inspector of Police/p.s.o.)

-----police Station

N.B.: This form should accompany with all the necessary document viz. (1) F.I.B. (2) Panchanama (2) Medical Certificate/post mortem report.