



FORM COMP AA
[SEE RULE 253 [C] (III) 254 (80255(1) (IV)]
REPORT ABOUT MOTOR VEHICLES ACCIDENTS

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| | Name of the police station | P s katol |
| 2 | Cr no. | 562/17 sec. 289, 337, 338,304 (a) ipc 184 m.v. act |
| 3 | Date time and place of the accident | Date 30/09/2017 time 16.30 hanuman nagar murthi rood 3 km west |
| 4 | Name of the injured / deceased | <u>Death</u> – 1) Mahes jivthuji marbate age 18, resi. Khapa ta. Savner p.s khapa <u>injured</u> -2) pravin sheshrao uikey age 22 year resi.pardsinga ta katol |
| 5 | Name of hospital to which he / she was removed | Gra.ru. katol refer meyo hospital Nagpur |
| 6 | Number of vehicle and type of the vehicle | moter cycles No- MH-40-BA 9812 |
| 7 | Name and address of the Driver of the vehicle with particulars or Driving licence of the said driver and the address of the issuing authority of the said driving license. The number of badge in case of public service vehicle and the address of the issuing authority of the said badge. | pravin sheshrao uikey age 22 year resi.pardsinga ta katol |
| 8 | Name and address of the Owner of the vehicle as it stands on the date of the accident. | Sachin Surend gadhve resi.Pardsinga Ta. Katol dist Nagpur |
| 9 | Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company. | ICICI Lombard House 414 veer Savarkar Marg, Near Siddhi vinayak Temple prabhadevi Mumbai 400025 |
| 10 | Number of insurance policy/ insurance certificate and the date of validity of the insurance policy/ insurance certificate. | 3005/2011049097/00/0000002118 dated 28/10/2016 to 27/10/17 |
| 11 | Action taken, if any and the result thereof. | ----- |
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पोलीस निरीक्षक
पोलीस स्टेशन, काटोल