FROM COMP AA

[Sce Rules 253,254©(iii),254(80 255(1)(iv)] REPORT ABOUT THEMOTAR VEHICLES ACCIDENTS

Name of the police station CR.No/TAR No/SDE No Date Time and place of the Accident Date Time and place of the Accident Name of the /Deceased Name of the /Deceased Name of the /Deceased Name of the Hospital to Which he/she Was Removed Number of vehicles and type of the vehicle Number of vehicles and type of the vehicle with praticules or driving license of the side driver and address of the Issuing Authority of the side Badge. Name and Address of the owner of the vehicle as it Stands on the date of Accident Name and Address of the Insuranse Company With Whom the vehicle Was insured and the DivisionL Office Of The said Insuranse Company Number Of insurance of Validity of the Insuranse policy/insurance Certificate NIL DT- 12/1/2021 AT 09/30AM MALEGAON ROADVAR BARAMATI TAL BARAMATI DIST PUNE PARVIN ASHPAK SHAIKH AGE-30 AP MAHSOBANAGER BARAMATI DIST PUNE NIL PARVIN ASHPAK SHAIKH AGE-31 AP- KHANDOBANAGER BARAMATI DIST PUNE PARVIN ASHPAK SHAIKH AGE-30 AP MAHSOBANAGER BARAMATI TAL BARAMATI DIST PUNE PARVIN ASHPAK SHAIKH AGE-30 AP MAHSOBANAGER BARAMATI TAL BARAMATI DIST PUNE NIL NIL NIL NIL NIL NIL NIL N	0	Name of the police station		
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N.B- this form should accompany with all the necessary document vi, FIR, panchanama, medical certificate, post mortem Repot.