FROM COMP AA

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

CR.No/TAR No/SDE No CR.No/CR.No/CR.No CR.No/CR.No/CR.No CR.No/CR.No/CR.No CR.No/CR.No CR.No CR.No	A/P CITI SARAF KE AGE RAMATI
Name of the Injured/Deceased :- SHANKAR LAKSHMAN SALUNK 32 A/P ZARGADWADI TAL BARADST PUNE Name of the Hospital to Which he/she Was Removed Number of vehicles and type of the vehicle Name and address of the Driver of the vaehicle With praticules or driving license of the side driver and address of the lssuing Authority of the side Driving	SARAF KE AGE RAMATI
Name of the Hospital to Which he/she Was Removed Number of vehicles and type of the vehicle Name and address of the Driver of the vaehicle With praticules or driving license of the side driver and address of the lssuing Authority of the side Driving	RAMATI
he/she Was Removed Number of vehicles and type of the vehicle Name and address of the Driver of the vaehicle With praticules or driving license of the side driver and address of the lssuing Authority of the side Driving	
vehicle Name and address of the Driver of the vaehicle With praticules or driving license of the side driver and address of the Issuing Authority of the side Driving	₹
vaehicle With praticules or driving license of the side driver and address of the Issuing Authority of the side Driving	₹
of publice service vehicle and the 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 :- NO policy.insuranseCeritificate And date Of Validity of the Insuranse policy / insurance Certificate	
Action Taken If any and the Result thre of UNKNOW MH/42/5665 DRIVER	R

N.B- this form should accompany with all the necessary document vi, FIR, panchanama, medical certificate, post mortem Repot.