FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	BANDA
2.	CR. NO./TAR No./ SDE No.	:-	54/2024 IPC 279,427,Mv act 134
3.	Date, Time and place of the accident.	:-	Date18/6/2024 Time -21.37 place-Insuli khamdev naka
4.	Name of the Injured /Deceased	:-	nil
5.	Name of Hospital to which he /she was removed.	:-	nil
6.	Number of vehicles and type of the vehicle.	:-	Kantenar no RJ 06 GD 0927
7.	Name and address of the Driver of the vehicle with particulars or Driving License 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.	:-	manjit Chandan singh Age 61 At/post HN-668 WArd o 14 satlapur raysen madhypradsh DL NO.MH 0320090032006
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	sukhvir poomia Add 1st Floor 17 Transport nagar Bhailwara -311001
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The Oriental Insurance Company Limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	add- DO hisar sco no 174-75 Red square market ralway road haryana 125001 policy no 261500/31/2024/1329
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Inspector of Police,
Banda Police Station.