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.	:-	53/2024 IPC 279,337 Mv act 184
3.	Date, Time and place of the accident.	:-	Date- 08/06/2024 Time-14.18 place-Near Annapurna Hotel Vilavde
4.	Name of the Injured /Deceased	:-	Ramchandra Bapurav Shedge age 38 add Patan dist-Satara
5.	Name of Hospital to which he /she was removed.	:-	: PHC BANDA
6.	Number of vehicles and type of the vehicle.	:-	1)Micropolo 909 TATA bus engin Chesi 2)Truk No MH 12 LT 7700
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.	:-	1)Micropolo 909 TATA bus engin Chesi DL NO MH 1220030347861 2)Truk No MH 12 LT 7700 DL No - MH 01 20050062850
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Uma Vyanktesh Kalal
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Vishranti melaram Towers No 2/319 Rajiv Gandhi salai karapakkam chennai 600097
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Royal Sundaram genral Insurance Co Ltd policy no VGC1127724000100
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Inspector of Police,

Banda...Police Station.