



FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- Pali (Pali)
2.	CR. NO/TAR No/ SDE No.	:- 1302/17
3.	Date, Time and place of the accident.	:- 18/9/17 at 13/30 AM.
4.	Name of the Injured /Deceased	:- BIRAJ SHANKARAJ RAJURKAR
5.	Name of Hospital to which he /she was removed.	:- SAHABD. MEGHE MEDICAL
6.	Number of vehicles and type of the vehicle.	:- TRUCK No. GJ-03-BV-7860
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.	:- EK BAL ADAMBHAI SUMARA. AT. KALWAD. TAKALWAD. 019 - JAMNAGRA GUJARAT
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- RAFIK BHAI AMAD BHAI GHADA. AT. JUNI MANGNI DIS. RATKOT
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- HDFC, ERGO
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- 231520/71943 1400000
11.	Action taken, if any, and the result thereof.	:- INVESTIGATION
		Inspector of Police Pali (Pali) Police Station 13/10/17
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.		