

FORM COMP AA

[See Rules 253(C), 254 (C) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	Powai Police Station, Mumbai.
2.	CR. NO./TAR No./SDE No.	:-	TAR NO. 713/2017
3.	Date, Time and place of the accident	:-	Date :- 14/12/2017
			Time :- 21.50
			Place :- Near Milind Nagar Signal, Powai, Mumbai.
4.	Name of the injured/Deceased	:-	-
5.	Name of Hospital to which he/she was removed	:-	-
6.	Number of vehicles and type of the vehicle	:-	02 Motar Cycle No. MH - 02 - DH - 2666
7.	Name and address of the Driver of the vehicle with particulars or Driving Licence of the said Driver and the address of the Issuing Authority of the said Driving Licence. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	:-	Complainant – Akshay mahesh Jikamde Driving Licence No. MH 0220110065410 Date of Validity :- 19/09/2031
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance certificate	:-	Insurance Policy No. :- Date of Validity :-
11.	Action taken, if any, and the result thereof.	:-	Recorded TAR NO. 713/2017
			Inspector of Police Powai Police Station
	N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate /Post-Mortem Report.		