



क्र. 464/24
31/01/25

FORM COMP AA

See rules@ 253 (c) (iii) 254 (80), 255 (I) (IV)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the police station	-	Ambajogai City
2.	CR NO/TER NO/SDE NO	-	CR NO 528/2024/J/S 281,125(30),324(4) (5) BNS
3.	Date Time and place of Accident	-	Date 11/12/2024 At 2200 hrs near baheti hospital
4.	Name of Injured/Deceased person	-	Balaji Haribhau Gore Age 42 yrs at post Khadakpura Ambejogai
5.	Name of the Hosp to which he/she removed	-	SRTR Hospital Ambajogai
6.	Number of vehicles and type of vehicle	-	Tata Nexon MH 44 Z 0312
7.	Name and Address of the Driver of the vehicle with particulars of driving license of the said driver and Address of the issuing Authority of the said Driving License. The Number of Badge in Case of Public Service vehicle and The Address of Issuing Authority Of the said Badge.	-	Avinash Shankar Deokar Age 36 Yrs At Post – Vadarwada Ambajogai The – Ambajogai Dist - Beed
8.	Name and Address of the Owner Of the Vehicle as it stands on the Date of the Accident.	-	Savita Ramdhan Rathod SRTR Medical Campus Ambajogai
9.	Name and Address of the Insurance Company with whom the Vehicle was insured and the Divisional office said insurance company.	-	IFFCO Tokio General Insurance Company Ltd Latur. 2 nd Floor Raviraj Chambers Latur Near DCC Bank main Road Latur
10.	Number of Insurance Policy Insurance Certificate and the Date Of Validaty of the Insurance policy Insurance Certificate	-	18313962 23 Jan 2024 to 22 Jan 2025
11.	Action taken if any and the result	-	On investigation
			<p style="text-align: center;">Inspector of Police Ambajogai City Police Station पो. स्टे. अंबाजोगाई (शहर)</p>

N.B. This form should accompany with all the necessary document viz (1) FIR (2) Spot Panchnama (3) Medical Certificate, Post mortem report.