FORM COMP AA

(See Rules 253(C),(II),254 (80 255 (1)(1)

REPORT ABOUT THE MOTAR VEHICLES ACCIDRNTS

1.	Name Of The Police Station	SANGVI POLICE STATION
2.	CR.NO/TAR NO/SDE NO	503/2025 B.N.S SECTION 106(1),281.125 MOTAR ACT SECTION 184,119/177
3.	Date Time And Place Of The Accident	10/11/2025 at 05/00 pm TO 06/00 HRS BETWEEN BANK OF MAHARASHTRA ROAD NEAR PUJA MAMTA HOSPITAL PIMPLE GURAV PUNE
4.	Name Of The Injured/ Deceased	SHANTABAI ROHIDAS KAMBALE AGE 54 YEAR RES.MILIND MIRAJKAR ROOM ON RENT SUVARSHAN NAGAR LANE NO.03. PIMPLE GURAV PUNE
5.	Name Of Hospital To Which He/She Was Removed	SASSOON DISTRICT HOSPITAL PUNE
6.	Number Of Vehicles And Type Of The Vehicle	MH 14 KU 6435 THREE WHEELER RICKSHA
7.	Name And Address Of The Drive Of The Unknown Vehicles With Particulars Or Driveing License Of The Said Driving License The Number Of Badge In Case Of Publie Service Vehicle And The Address Of TheLssuing Authority Of The Said Badge	
8.	Name And Address Of The Owner Of TheVehicle As It Stands On The Date Of The Accident	ANAND LAXMAN GAIKWAD AGE 51 YEARS RES.SARV NO.29/3'BHIMASHANKAR COLONY PIMPLE GURAV
9.	Name And Address Of The Insurance Company With Whom The Vehicle Was Insures And The Divisional Office Of The Said Insurance Company	
10	Name Of The Insurance Poilcy/ Insurance Cerificate And The Date Of Validity Of The Insurance Poilcy/ Insurance Cerificate	
11	Action Taken If Any And The Result There Of	YES

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