

FORM COMP. A.A.

(See rules 253 (c), 234 (5) (iii), 254 (2) 255 (1)(iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS.

1. Name of the Police Station :-
2. Cr/No. Tar/ No. SEC No. :-
3. Date, time and place of the accident :-
4. Name of the Injured / deceased :-
5. Name of the Hospital to which he / she was removed :-
6. Number of Vehicle and the types of the vehicle :-
7. Name and address of the driver of the vehicle with particulars of driving license of the said driver driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Public Service Vehicle and the address of the issuing Authority of the said Badge ? :-
8. Name and address of the Owner of the Vehicle as it stand 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. No. of Insurance Policy / Insurance Certificate and the date of the validity of the Insurance policy / Insurance certificate. :-
11. Action taken, if any, and the result thereof. :-

Date : -

INSPECTOR OF POLICE

_____ POLICE STATION.

NB : - This Form should accompany with all the necessary document viz (i) FIR (2) Panchnama, (3) Medical Certificate / Pst Mortum Report.