

FORM COMP AA**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO. 254/2024 SECTON 279,427 IPC.
Date, Time & Place of accident:	06/06/2024 TIME 10.00 AM, KARDHA CHOK, N.H. 53 ROAD, BHANDARA
Name of the Injured/Deceased:	NO Injured
Name of Hospital to which he/she was removed:	No Injured And Not Hospital
Number of vehicles and type of the vehicle:	MH 35 K 1981 , ASHOK LEYLAND LTD GOODS CARRIES
Name and address of the driver of the vehicle with particulars or Driving license of the said Driver and the Issuing Authority of the said Driving License:	RAMCHANDRA SAKHARAM DONGARWAR , AT POST - SUBHAS WARD VISORA TH. VADASA DIST GADCHIROLI MH31
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	PRASHANT RAMKRUSHNA BHENDARKAR , AT- WARD NO. 3, KUMBHALI, TH - SAKOLI, DIST- BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	HDFC ERGO GENERAL INSURANCE COMPANY LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICE NO. 2315 2056 0424 2400 000 PERIOD OF INSURANCE FROM 06 AUG, 2023, 00.01 HRS TO 05 AUG, 2022 23.59 MIDNIGHT
Action taken,if any,and the result thereof:	POLICE PENDING

Inspector of Police