

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

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	190/2024, U/S- 279, 427 IPC
Date, Time & Place of accident:	DATE- 27/04/2024 TIME- 14:30 PM, PLACE- MEHGAON
Name of the Injured/Deceased:	NO
Name of Hospital to which he/she was removed:	NO
Number of vehicles and type of the vehicle:	MH- 31-EA-6199, MAGHINDRA XUV 500 FWD W8 JABS4
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:	LAXMAN HARI KUMBHALE Age- 35 Year,add-Mehegone, The-Tumsar, Dist-Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	PRIVATE VEHICLE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	LAXMAN HARI KUMBHALE Age- 35 Year,add-Mehegone, The-Tumsar, Dist-Bhandar, Date- 29/06/2024
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Cholamandalam MS General Insurance Company Limited
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3362/02896558/000/00, FROME 07/03/2024,14:13 HOURS TO MIDNIGHT ON 06/03/2025
Action taken,if any,and the result thereof:	POLICE ENVESTIGATION

Inspector of Police