

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

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	CR.NO.509/2024
Date, Time & Place of accident:	BUS STOP ROAD TUMSAR TH- TUMSAR DISH-BHANDARA
Name of the Injured/Deceased:	DEATH-PAYRELAL KUMAVAT AGE-35 YE
Name of Hospital to which he/she was removed:	GOVERNMENT HOSPITAL TUMSAR
Number of vehicles and type of the vehicle:	1) MH-36-F-3265
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:	RAKESH RAMKRUSHNA RAUT AGE-35 AT-DONGARLA TH-TUMSAR DISH-BHANDARA
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:	SHAMSUNDAR TUKDUJI PATLE AT- DONGARLA TH-TUMSAR DISH-BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	SBI GENERAL INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	P030205241581877 VALIDITY DATE 01/05/2025
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police