

FORM COMP AA
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | JAWAHAR NAGAR |
| CR.No./TAR NO./SDE NO: | 358/2024 SEC 281,324[4],324[5] BNS R/W 184 M.V.ACT |
| Date, Time & Place of accident: | 18/11/2024 07/15 Nh.53 Road Kharbi |
| Name of the Injured/Deceased: | No |
| Name of Hospital to which he/she was removed: | No |
| Number of vehicles and type of the vehicle: | MH18/BZ1701 VE COMMERCIAL VEHICLES LTD/EICHER PRO AND MH40/Y5485 S.T.BUS |
| 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: | 1] SHANKAR BHEJAN BANKAR AT.NAVIN NAGAR, PARDI NAGPUR [2] ATUL MANOHAR BHUTE AT. GIROLA TAH. BHANDARA DIST.BHANDARA |
| The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge: | ST BUS MH40/Y5485 |
| Name and address of the Owner of the vehicle as it stands on the date of the accident: | 1] RAMAN ROADWAYS PVT LTD BESIDE HOTEL MANAS DHULE 424001 MAHARASTRA [2] SECRETARY,MSRTC MAHARASTRA VAHATUK BHAVAN, MUMBAI - 8 WORKS MANAGER, ST CENTRAL WORKSHOP, NAGPUR |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | 1] ST BUS [2] ICICI LOMBARD GENERAL INSURANCE CO. LTD. |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | 3003/344587281/00/000 VALIDITY 22/05/2025 |
| Action taken,if any,and the result thereof: | UNDER INVESTIGATION |

Inspector of Police

