

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

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	503/2024 U/S 281,106(1),125(A) BNS 2023 R/W 184 MV ACT
Date, Time & Place of accident:	11/10/2024 TO 20/30
Name of the Injured/Deceased:	DEATH
Name of Hospital to which he/she was removed:	SBH TUMSAR
Number of vehicles and type of the vehicle:	MH 36 AB 0060 THREE WHEELER (PASSENGER) BAJAJ AUTO LTD
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:	NARENDRASINGH SUKHALALSINGH RATHOD AGE 62 YEARS AT- AZHAD WARD TUMSAR TA-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:	PANKAJ NARENDRASINGH RATHOD AGE 30 YEARS AT- AZHAD WARD TUMSAR TA-TUMSAR DIST- BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal 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:	P042109241828525 22/09/2024 TO 21/09/2025
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police