

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

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO. 507/2024 SECTON 281,324(4) , 125 B.N.S.2023 R/W 184 MV ACT.
Date, Time & Place of accident:	16/11/2024 TIME 11.00 AM, Paladi Puliya , N.H. 53 ROAD, BHANDARA
Name of the Injured/Deceased:	No
Name of Hospital to which he/she was removed:	No Injured And Not Hospital
Number of vehicles and type of the vehicle:	KA 56 M 1477 120 K MOTOR GRADER
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:	MUKESHKUMAR MAHENDRA SINGH AT POST BABHKHERA RAYPUR, UNNAO(NPP) UP. UP35 UNNAO
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:	SHRI SWAMI SAMRARTH ENGINEERS LTD AT POST - PLOT NO 13, TEACHERS COLONY, KALLUR ROAD BIDAR, KARNATAKA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	SBI GENERAL Inshurance Company
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICE NO. 0000000028510376-02 FROM 09/04/2024, 00.00 HRS TO MIDNIGHT OF 08/04/2025
Action taken,if any,and the result thereof:	POLICE PENDING

Inspector of Police