

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

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	243/25 SECTION 281,106(1) BNS RW 184,134 MV ACT
Date, Time & Place of accident:	Date- 25/05/2025 At- 17/00 Kawlewada Road Amgaon
Name of the Injured/Deceased:	Deceased- Sanjay Vasudev Uke
Name of Hospital to which he/she was removed:	Civil Hospital Bhandara
Number of vehicles and type of the vehicle:	1) MH 40 CA 0343 2) MH 36 AK 8591
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) MH 40 CA 0343 - Khushal Mangu Pawar At- Hingna Road Nagpur 2) MH 36 AK 8591 - Sanjay Vasudev Uke At- Amgaon (Dighori)
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:	1) MH 40 CA 0343 - Ramdas Bhagvanji Tayde Police Nagar Hingna Road Nagpur 2) MH 36 AK 8591-Sanjay Vasudev Uke At- Amgaon (Dighori)
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	1) MH 40 CA 0343 - The New India Assurance Co. Ltd. 2) MH 36 AK 8591- Go DIGIT GENERAL INSURANCE LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1) MH 40 CA 0343 - 77000031240350060414 DATE- 15/11/2025 2) MH 36 AK 8591- 0090765465 DATE- 13/01/2028
Action taken,if any,and the result thereof:	243/25 Section 281,106(1) BNS RW 184,134 MV ACT

Inspector of Police