

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

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.737/18, SECTION 279,337 IPC.
<b>Date, Time &amp; Place of accident:</b>	DATE 12/09/2018 TIME 15/20 PM , SHASTRI CHOWK BHANDARA
<b>Name of the Injured/Deceased:</b>	SURYAKANTA PRABHU NERKAR AGE 19 YEAR AT.POST KHAMATA TANKALI BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	GENERAL HOSPITEL BHANDARA / LAKSH HOSPITEL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MH 40 5704 MILK TANKER
<b>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:</b>	SHEKH MAJID SHEKH RASHID AGE 40 YEAR, AT.POST - MANKAPUR NAGPUR
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	RAJESH RAMMURTI PANDYA AGE 47 YEAR, PLOT NO 26 CHANDRA NAGAR , POST PARWTI NAGAR NAGPUR
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	RELIANCE GENERAL INSURANCE CO.LTD. BRANCH - AYODHYA BUILDING 1 ST. FLOOR 119 NEAR BAJAJ NAGAR CHOWK BEHINDE AKRUTI FURNITURE BAJAJ NAGAR NAGPUR 44010
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NO 172021723340001431 DATE 18/10/2017 TO 17/10/2018
<b>Action taken,if any,and the result thereof:</b>	POLICE PENDIG

Inspector of Police