



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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

Inspector of Police

* System generated document no signature required