



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	428/18
Date, Time & Place of accident:	07/06/2018 Time 12/15 NH6 Road Bhandara
Name of the Injured/Deceased:	Head Injury
Name of Hospital to which he/she was removed:	Civil Hospital Bhandara
Number of vehicles and type of the vehicle:	MOTAR CYCLE NO.MH/36/AC/5763
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:	TEKRAM MAHADEV WADAI
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:	TEKRAM MAHADEV WADAI AT. JEVNALA TA.LAKHANI DIST. BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	IFFCO-TOKIYO
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1-PTYZPJ7 DATE 17/03/2019
Action taken,if any,and the result thereof:	NO

Inspector of Police

* System generated document no signature required