



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	378/18 SECTION 279,337 IPC R/W 185(1) MV ACT
Date, Time & Place of accident:	19/10/2018 TO 21/45 , KOKANAGADH
Name of the Injured/Deceased:	1) SHALIKRAM BISAN KAWLE AGE 55 YEARS AT. KOKANAGADH 2) AMOL TULSHIRAM KAWLE AGE 17 YEARS AT KOKNAGADH 3) DEVRAM TIMAJI NIMBARTE AGE 82 YEARS AT KOKANAGADH 4) RASHIKA BHART SHIRSAM AGE 26 YEARS AT KOKNAGADH 5) DURGESH PRAKASH CHACHERE AGE 9 YEARS KOKNAGADH
Name of Hospital to which he/she was removed:	Government Hospital Bhandara
Number of vehicles and type of the vehicle:	MH01/AR5976 TATA INDIGO MANZA
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:	SHIVSAGAR RATAN KUMBHARE AGE 28 YEARS, KOKNAGADH
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:	RAKESH UMEDRAJ MEHTA , SWASTIK JALIWALA COMPOUND WESTREN EXPRESS HIGHWAY, AMBEWADI VILEPARLE EST MUMBAI
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	RELIANCE GENERAL INSURANCE COMPANY THANE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	110321823470019845
Action taken,if any,and the result thereof:	INVESTIGATION IN PROSSES

Inspector of Police

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