

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

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	356/2021 SEC 279, 337 IPC 184, 134/177 MV ACT
Date, Time & Place of accident:	03/10/2021 14.30 FRONT OF WRUNDAWN LOWN BHANDARA
Name of the Injured/Deceased:	NARENDRAKUMAR MAROTI RANGARI
Name of Hospital to which he/she was removed:	LAKSH HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH36 U 5883 ACTIVA
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:	NARENDRAKUMAR MAROTI RANGARI
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	PRIVATE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	ROSHAN J VAIRAGADE
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	IFCO-TOKIYO GENERAL INSURANCE CO. LTD
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1-229V5Q20 20/09/2022 23.59
Action taken,if any,and the result thereof:	UNDER PROCESS

Inspector of Police