

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

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	305/22 U/S 279 IPC
Date, Time & Place of accident:	8/7/22 ?? 21/05 ?? . ?????? ?????? ??? ???????
Name of the Injured/Deceased:	No
Name of Hospital to which he/she was removed:	No
Number of vehicles and type of the vehicle:	UK-07 BW -4003
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:	Nishant Avinash Khurana Age 33 Yrs R/o Sitaram City Bhojapur Bhandara RTO Deharadun
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:	Nishant Avinash Khurana
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Iffco Tokio General Insurance Co.Ltd. Pune
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	55096958 ,. 31/3/22. TO. 30/3/23
Action taken,if any,and the result thereof:	The Crime Is Under Invastigation

Inspector of Police