

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

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	490/2025
Date, Time & Place of accident:	14/10/2025
Name of the Injured/Deceased:	Raju Devidas Bhoyar
Name of Hospital to which he/she was removed:	Civil Hospital Bhandara
Number of vehicles and type of the vehicle:	1) MH 40 CM 7750 TATA TIPPAR 2) MH 36 T 7653 MOPED DEO
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:	1) MH 40 CM 7750 Tata Tippar - Akshya Shyamrao Lute 2) MH 36 T 7653 Moped Deo- Raju Devidas Bhoyar
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:	1) MH 40 CM 7750 Tata Tippar- Nayan Vishweshwar Tumsare At- Marodi Ta.- Mauda Dist- Nagpur 2) MH 36 T 7653 Moped Deo- Amit Joshi At- Dr. Radhakrishna Ward Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	1) MH 40 CM 7750 Tata Tippar-Cholamandalam MS General Insurance Company Ltd 2) MH 36 T 7653 Moped Deo- No Insurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1) MH 40 CM 7750 TATA TIPPAR- POLICY NO. 3379/04008203/000/01 VALIDITY- FROM 03/08/2025 TO 02/08/2026
Action taken,if any,and the result thereof:	Fir Done

Inspector of Police