

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS



Police Station:	TUMSAR
CR.No/TAR NO/SDE NO:	257/2017
Date, Time & Place of accident:	16/8/2017 17/10 Pm
Name of the Injured/Deceased:	Nil
Name of Hospital to which he/she was removed:	Nil
Number of vehicles and type of the vehicle:	MH31/CQ8815 MILK TANKER 407
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:	Iqbal Israil Khan Age 32 Add- Kutubshah Nagar, Gittikhadan Nagpur.
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:	Dinesh Devrao Nikhade Age 35 Add- Plot No.70 Adivasi Nagar S.O. Nagpur 440024.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Chola MS General Insurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3379/0/494780/000/00 VALID 28/08/2016 TO 27/08/2017.
Action taken,if any,and the result thereof:	...


 Inspector of Police
 पोलीस निरीक्षक
 पोलीस स्टेशन, तुमसर
 जि. भंडारा