



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	206/17
Date, Time & Place of accident:	12/6/17 18/45 Pm
Name of the Injured/Deceased:	Prashant Doneshawr Kadav Age 25 Yrs Add- Devhadi
Name of Hospital to which he/she was removed:	Care Hospital Nagpur
Number of vehicles and type of the vehicle:	MH26/AD3222 TRUCK
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:	Madhav Balaji Pawar Add- Nanded
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:	Santosh Shivajirao Ubale Add- Gadegoan, Nanded
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	United India Insurancr Company Limited Nanded (M3)
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2306003116P110313243 VALID - 5/11/2016 TO 4/11/2017
Action taken,if any,and the result thereof:	...

Inspector of Police

* System generated document no signature required