



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SIHORA
CR.No./TAR NO./SDE NO:	CR.NO.179/2020 U/S 279,337, IPC.R/W184 M.V.ACT
Date, Time & Place of accident:	Date 22/10/2020. 13:00 PM. At-Mahalgaon Fata S.H.271
Name of the Injured/Deceased:	Injured:- Bhagwat Hemraj Gajbhiye /56 At-Sihora Ta-tumsar
Name of Hospital to which he/she was removed:	Rural Hospital Sihora
Number of vehicles and type of the vehicle:	1) TATA TIAGO NO. MH-49/AS-9250
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:	Rakesh Rajkumar Utradi At-Plot No.44 Road No 10 Daynand Park Kasturba Nagar Jaripatka 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:	Rakesh Rajkumar Utradi At-Plot No.44 Road No 10 Daynand Park Kasturba Nagar Jaripatka Nagpur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	SBI General Insurance At- Natraj 101,201,301,junction Of Western Express Highway And Andheri Kural Road Andhrii West Mumbai -400069
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY NUMBER:- P01070920135137 VALIDITY DATE:7/9/2020 19:10 TO 6/9/2021 MIDNIGHT
Action taken,if any,and the result thereof:	Police Investigation

Inspector of Police

* System generated document no signature required