



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.208/2020 SDE.NO.279,338 IPC, R/W 184 MVACT.
Date, Time & Place of accident:	DATE - 01/08/2020 TIME - 21/30, A- Shilli, 7 K.m. Dakshin
Name of the Injured/Deceased:	Name Of Injured - Sahil Sanjay Mesharam Age 18 Year At- Shilli Ta-Dist Bhandara
Name of Hospital to which he/she was removed:	Laksh Hospital Bhandara
Number of vehicles and type of the vehicle:	MOTAR CYCLE NO. MH-36 A.F - 1563
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/ Golu Sukhadeo Dahake Age 27 Year, At- Zabada, Ta.Dist - Bhandara.
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	MOTAR CYCLE NO. MH-36 A.F - 1563
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Madhav/ Golu Sukhadeo Dahake Age 27 Year, At- Zabada, Ta.Dist - Bhandara.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	CHOLA MANDAMKAM MS GENRAL INSURANCE COMPANY LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSHURANCE POLICY NUMBER - 3397/01008092/000/00, VALIDITY DATE - 06/02/2020 TO 05/02/2021
Action taken,if any,and the result thereof:	POLICE INVEASTIGATION

Inspector of Police

* System generated document no signature required