



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	WARTHI
CR.No./TAR NO./SDE NO:	CR.NO.28/2020 U/S 279,337,338 IPC R/W 134,184 MVA
Date, Time & Place of accident:	DATE-26/02/2020 TIME-09/00 PLACE- KOTHURNA
Name of the Injured/Deceased:	RAMDAS RIKHIRAM MAKDE/44 AT.BETALA TAH-MOHADI
Name of Hospital to which he/she was removed:	PRIMARY HEALTH CENTER WARTHI
Number of vehicles and type of the vehicle:	TATA TIAGO CAR NO.MH-36/Z-0048
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:	MOIN ESAHAQ KAJI/32 AT. KAJI MOHLLA BHANDARA
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:	GAURI KANCHAN KOTWAL/56, 595 KRUSHI COLONY, GANESHPUR BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	INDIA ASSURANCE CO.LTD
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	310300311901001019192 DATE 23/06/2020
Action taken,if any,and the result thereof:	OFFENCE REGISTERED IN POLICE STATION WARTHI CR.NO.28/2020 U/S 279,337,338 IPC R/W 134,184 MVA

Inspector of Police

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