



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	11/2021 U/S - 279,304(A) IPC R/W 184,134/187 MC ACT
<b>Date, Time &amp; Place of accident:</b>	DATE 11/01/2021 TIME - 05/30 TO 09/00 PLAGE - PALGAON DIST- BHANDARA
<b>Name of the Injured/Deceased:</b>	JITENDRA VASANTA GAJBHIYE AGE 35 YEAR AT AAMBADI DIDT - BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	GOVARMENT HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MH 40 Y 3735 MILK TANKAR
<b>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:</b>	AMRUT DHUDHARAM BHURLE AT - PAHELA DIST - BHANDARA
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	GOODS CARRIER / RAGISTRATION AUTHORITY BHANDARA
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	AMRUT DHUDHARAM BHURLE AT - PAHELA DIST - BHANDARA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	MEGA HDI GENERAL INSURANCE COMPANY DEVELPMENT HOUSE , 24 PARK STREET ; KOLKATA IRDA REGNO. 149 DATE 22 MAY 2012
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	P0020200049/4103/100207 DATE 28/02/2020 TO 27/02/2021
<b>Action taken,if any,and the result thereof:</b>	ON POLICE INVESIGATION

Inspector of Police

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