



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	MOHADI
CR.No./TAR NO./SDE NO:	13/2021 SEC 279 ,337,IPC R/W 184,134,3 (1) 181 MV ACT
Date, Time & Place of accident:	15/1/2021 At 14/30 At KUSHARI
Name of the Injured/Deceased:	SOMAJI DINA DIPTE Age 65 Yers
Name of Hospital to which he/she was removed:	RURAL HOSPITAL MOHADI
Number of vehicles and type of the vehicle:	MH31 DF 8732
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:	MAHENDRA BANDU BHIVGADE Age 18 At KUSHARI
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:	NO
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	UNITED INDIA INSURANCE COMPANY LIMITED NAGPUR
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2309003120P104510798 DATE 03/08/2021
Action taken,if any,and the result thereof:	CRIME RAGISTER AGAINST

Inspector of Police

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