



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	14/2021 S.279,304(A) IPC
Date, Time & Place of accident:	13/01/2021 Time-21/00 Place-NH-6 Road Natraj Dhaba Bele Bhandara
Name of the Injured/Deceased:	TULSHI PRALHAD BARVE AGE 23 Y, AT POST AMBIKA NAGAR BHOJAPUR BHANDARA
Name of Hospital to which he/she was removed:	Civil Hospital Bhandara
Number of vehicles and type of the vehicle:	MH-40/LB5479 TYPE -TTIPAR
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:	DURGAPRASAD DHANSING MARSKOLHE AGE 30 Y, AT POST KESARBIYA TQ. KORIYA DIST - SHIVANI MP
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	MH-40/LB5479 TYPE -TTIPAR
Name and address of the Owner of the vehicle as it stands on the date of the accident:	UMESH BANARASI PRASAD AT POST PURANA HAVA MAHAL KAMATHI NAGPUR DATE 13/11/2019
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NEW INDIA ASSURANCE CO.LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	16030331200100001984
Action taken,if any,and the result thereof:	UNDER INVESTIGATION

Inspector of Police

* System generated document no signature required