



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.41/2021 SDE.NO.279,337,304(A) IPC, R/W 184,134/177 MVACTION.
Date, Time & Place of accident:	DATE - 03/02/2021 TIME - 08/30, KARCHKHEDA BRIDGE 2 K.M. UATTER
Name of the Injured/Deceased:	Name Of Injured - RAJ SHAILESH WASNIK AGE 18 YEAR AT- UASRAGONDI TA.DIST- BHANDARA Name Of Injured Deceased: - GAORAV DHNANJAY SAPKAL AGE 18 YEAR, AT - KASTURBA GANDI WARD BHANDARA DIST - BHANDARA. / Deceased:*
Name of Hospital to which he/she was removed:	Government Hoshpital Bhandara,
Number of vehicles and type of the vehicle:	TRACTAR NO. MH-36 D- 8943, TROLLY NO MH-36/9804
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:	Name Of Driver - INDAL HIRALAL MANGATE AGE - 39 YEAR, AT- AMBEDKAR WARD MU. NERODI KARACHKHEDA. TA.DIST-BHANDARA.
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	TRACTOR NO. MH-36 D- 8943, TROLLY NO MH-36/9804
Name and address of the Owner of the vehicle as it stands on the date of the accident:	JUBINDDIN JAINUDDIN KHAN, AT- TAKIYA WARD BHANDARA, TA.DIST-BHANDARA. MAHARASTRA - 441904.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	RELIANCE GENERAL INSURANCE CO. LTD., TIARA BUILDING,4TH FLOOR,MAHARASTRA NAGAL LINE OFF CHANDAVARKAR LANE OFF L T ROAD BORIVALI WEST MUMBAI 400092
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSURANCE POLICY NUMBER - 110422023490000405 , COVER NOTE NO.- R22022059148, VALIDITY DATE: - 23-FEB-2020 TO 22-FEB-2021
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police

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