



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

| | |
|--|--|
| Police Station: | JAWAHAR NAGAR |
| CR.No./TAR NO./SDE NO: | 04/20 SEC 279, 337, 338,IPC |
| Date, Time & Place of accident: | 5/01/21 To 17.15 Pm, NH53 Road Shapur 12 K.M. East |
| Name of the Injured/Deceased: | Injured - Bhagwat Nawaji Bisnkar Age 45 Yr At Dhanla Dist Nagpur |
| Name of Hospital to which he/she was removed: | General Hospital Bhandara |
| Number of vehicles and type of the vehicle: | TOW WHEELAR MH12JJ5120 |
| 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: | Jitendra @ Kunal Bhagwandas Waghade Age 21 At Usarra Ta Mohadi Disr 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: | Subham SSharnagte Age 32 Yr At Usarra Ta Mohadi Disr Bhandara |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | Bajaj Allianz General Inshurance Company Airport Road Yerwada Pune |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | OG21-2047-1806-00001493 VALIDITY DATE- 3 DEC 2021 |
| Action taken,if any,and the result thereof: | Police Investigation |

Inspector of Police

* System generated document no signature required