



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.27/2021 SDE.NO.279,337, IPC, R/W 184, 134/187 MVACT.
Date, Time & Place of accident:	DATE - 27/01/2021 TIME - 07/00, BHILEWADA 5 K.M.
Name of the Injured/Deceased:	Name Of Injured - DEVRAM GABHAJI KARNJEKAR AGE 50 YEAR AT- NANDUR KHANDRMAR TA- SANMANER DIST - AHAMADNAGR
Name of Hospital to which he/she was removed:	Government Hoshpital Bhandara,
Number of vehicles and type of the vehicle:	TRACK MO. MH-30 BD - 3459
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:	SAMIR AHAMADKHAN HASAN KHAN AGE 38 YEAR AT- Y.S. GARAJ NEAR MOHAMMAD ALI ROAD BEDPURA AKOLA
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	TRACK MO. MH-30 BD - 3459
Name and address of the Owner of the vehicle as it stands on the date of the accident:	MR. RAHIL ISMAIL KHAN AT- KHATIJA APPRT NEAR GEAST HOUSE BASTAND AKOLA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	REALAIMCE GANERAL INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSHURANCE POLICY NUMBER - 171622023340000493, DATE - 6 FEB- 2020 TO 5 FEB- 2021
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police

* System generated document no signature required