



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.43/2021 SDE.NO.279,337,338 IPC, R/W 184, 134/187 MVACT.
<b>Date, Time &amp; Place of accident:</b>	DATE - 05/02/2021 TIME - 17/45, AMBADI STATE MAHAMARG 271
<b>Name of the Injured/Deceased:</b>	Name Of Injured - RAJESH SEWKARAMJI BHURE AGE 45 YEAR AT- AMBADI AT-DIST BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	Laksh Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	CAR NO. MH 49 AT- 4557
<b>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:</b>	NILESH GANGADHAR MANKAR AGE 31 YEAR AT- SUBHSMADAN TALPURA BHAWANI ROAD PARDI NAGPUR
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	CAR NO. MH 49 AT- 4557
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	NILESH GANGADHAR MANKAR AGE 31 YEAR AT- SUBHSMADAN TALPURA BHAWANI ROAD PARDI NAGPUR
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	RELAINCE GENERAL INSURANCE CO LTD.
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	INSHURANCE POLICY NUMBER - TRG/00081935, VALIDITY DATE: - 10-OCT - 2020 TO 09 - OCT - 2021
<b>Action taken,if any,and the result thereof:</b>	POLICE INVEATIGATION

Inspector of Police

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