



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO. 44/2021 SECTION 279,337,338,304 (A) IPC R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	Date - 06/02/2021 Time 11/00 Place - Bhilewada N.h. 6 Road 1 K.m. Purve
<b>Name of the Injured/Deceased:</b>	Deceased:- 1) Lalit Yograj Chawke Age 23 Year At- Gondira Injured- 1) Shubham Devraj Chawake Age 23 Year At- Gondira
<b>Name of Hospital to which he/she was removed:</b>	Govt Hospital Bhandara ,
<b>Number of vehicles and type of the vehicle:</b>	W.B. 11 D- 3751 TRAK
<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>	M.D. Shakin Khan Nisar Khan Age 44 Year At- Khushalpur
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	M.H.35 A.L. 8327
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Muslim Khan At- Alm Mistri Len Howrah
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Go Digit Inshurance Company Ltd.
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	20 JUN 2020 TO 19 JUN 2021
<b>Action taken,if any,and the result thereof:</b>	Police Investion

Inspector of Police

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