



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.02/21 SECTION-279,427 IPC
<b>Date, Time &amp; Place of accident:</b>	01/01/2021 On 7/00 At.Before Bharat Petrol Pump,NH-06 Road
<b>Name of the Injured/Deceased:</b>	None
<b>Name of Hospital to which he/she was removed:</b>	—
<b>Number of vehicles and type of the vehicle:</b>	ACCUSED VEHICLE:CG-08 AC/7598
<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>	Bhushan Dhanraj Mandale Age-30 At.kalyanpur Tal.Dongargad Dist.Rajnandgaon, Chattisagad
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Ranpreet Kaur At.Budhwari Para.Dongargad, Dist.Rajnandgaon, Chattisagad
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	The New India Assurance Co.Ltd.,First Floor;CG Housing Board,new Bus Stand,Rajnandgaon. CG
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NO.4609013119010000488
<b>Action taken,if any,and the result thereof:</b>	FIR Registered And Investigation Proceed

Inspector of Police

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