



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	ANDHALGAON
<b>CR.No./TAR NO./SDE NO:</b>	40/2021 SEC 279,337,338,304(A) IPC R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	13/3/21 10/30 A.m.jagnade Chouk Andhalgaon
<b>Name of the Injured/Deceased:</b>	Ku. Lavanya Tulvendra Kawle
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Mohadi
<b>Number of vehicles and type of the vehicle:</b>	MH- 26 / V- 9893 INDICA VISTA
<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>	Kashinath Urf Kawadu Baburao Belpade At Andhalgaon Tq Mohadi
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NONE
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Shahid Khan Hapiz Khan Pathan At Andhalgaon Tq Mohadi
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	National Insurance Company Zp Squire Bhandara
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	28130331206160000841
<b>Action taken,if any,and the result thereof:</b>	In Investigation

Inspector of Police

\* System generated document no signature required