



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | BHANDARA |
| CR.No./TAR NO./SDE NO: | CR.NO.105/21 SECTION-304A,279 IPC |
| Date, Time & Place of accident: | 22/03/2021 OF 16/25 PM NEAR BHOJAPUR FATA,NH-06 ROAD |
| Name of the Injured/Deceased: | NAJURRUDDIN BASHIR SAIYYAD AGE-65 YEAR AT.SAWARI JAWAHAR NAGAR |
| Name of Hospital to which he/she was removed: | CIVIL HOSPITAL MP |
| Number of vehicles and type of the vehicle: | ACCUSED VEHICLE:MH36/AA1282 AND VICTIMS VEHICLE:MH36 S 9931 |
| 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: | DILIP PANDURANG KAMBLE AGE-49 AT-AMBADI TAL.AND DIST.BHANDARA |
| The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge: | NO |
| Name and address of the Owner of the vehicle as it stands on the date of the accident: | MOHD.ATHER PARVEZ PATEL AT.MAHAL WARD,BHANDARA MAHAL WARD,BHANDARA |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | CHOLA MS GENERAL INSURANCEDISTRIBUTOR SERVICES BHANDARA |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | POLICY NO.3381285390975 |
| Action taken,if any,and the result thereof: | REGISTERED FIR AGAINST TRUCK DRIVER AND INVESTIGATION PROCEED |

Inspector of Police

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