



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	37/2021 SECTION 279,304(A) IPC
<b>Date, Time &amp; Place of accident:</b>	06/02/2021 Time 11/30 Between At-NH No 06,Motha Puliya Road,near B.T.B.market Bhandara
<b>Name of the Injured/Deceased:</b>	Aasha Rambhau Dhabale(Thwakar) Age 53 Years,At Shanti Nagar Takiya Ward Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Government Hospital Bhandara, New Era Hospital Nagpur
<b>Number of vehicles and type of the vehicle:</b>	ACCUSED VEHICLE-AKNOWEN VICTIM VEHILE-MH-36 AF 8398
<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>	Aknowen
<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>	Aasha Rambhau Dhabale(Thwakar) Age 53 Years,At Shanti Nagar Takiya Ward Bhandara-Date 18/08/2020
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ICICI Lombard Motar Inshurance
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3005/2011772893/00/0000009376 VLIDITY DATE-11/08/2025
<b>Action taken,if any,and the result thereof:</b>	REGISTERED FIR AND INVESTIGATION PROCEED

Inspector of Police

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