



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SIHORA
CR.No./TAR NO./SDE NO:	CR.NO.180/20 U/S 279,337,IPC RW184 M.V.ACT
Date, Time & Place of accident:	26/10/2020 To 21:30 Pm
Name of the Injured/Deceased:	Injured :- Rakesh Mahadevrao Rahangdale 24 Years At Dongri Budruk
Name of Hospital to which he/she was removed:	Rural Rural Hospital Shihora
Number of vehicles and type of the vehicle:	CG-04/NA-5558
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:	Dev Lal Sundar Lal Thakre 35 Year At Katangi District Balaghat MP
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:	Dhirendra Kumar Ramchandra Singh At Ashok Vihar Colony Raipur State Chhattisgarh
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	The New India Insurance Co-ltd
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	VALID DATE 17/2/2021
Action taken,if any,and the result thereof:	Police Investigation

Inspector of Police

* System generated document no signature required