



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO. 115/21 SEC 279,337,338 IPC
<b>Date, Time &amp; Place of accident:</b>	Dt 1/4/21 At 18/30 Pm Khairlanji Shiwar SH 271
<b>Name of the Injured/Deceased:</b>	Injured - 1) Rahul Laxman Harinkhede Age 27 At Mohgav/Khadan 2) Ankit Sukhadas Patle Age 26 At Mohgav/Khadan 3) Rahul Yogilal Katare Age 26 At Mohgav/Khadan
<b>Name of Hospital to which he/she was removed:</b>	Subhashchandra Bose Hospital Tumsar.
<b>Number of vehicles and type of the vehicle:</b>	MP 04/CV 8062 BALENO CAR
<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>	Ravindrakumar Baliram Kambale Age 34 At Ward No. 13, Budi Balaghat (MP)
<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>	Anilkumar Rameshchandra Manjhani Age 47 At Ward No. 13, Budi Balaghat (MP)
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:</b>	ICICI Lombard Genral Insurance Co. Ltd
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NO. 32130031201845809147 VALIDITY DATE - 19/12/20 TO 18/12/21
<b>Action taken,if any,and the result thereof:</b>	Cr.No. 115/21 Sec 279,337,338 Ipc Registered

Inspector of Police

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