



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SAKOLI
<b>CR.No./TAR NO./SDE NO:</b>	95/2021 SECTION 279,304(A) IPC R/W 184,3/181 MV.ACT.
<b>Date, Time &amp; Place of accident:</b>	Place- Shiwanibandh Date 04/02/2021 At 16/00 Pm
<b>Name of the Injured/Deceased:</b>	Deceased- Sangam Manoj Jambhulkar Age- 22 Yrs Add- Bampewada
<b>Name of Hospital to which he/she was removed:</b>	SDH Sakoli/Genral Hospital Bhandara/Medical College Nagpur
<b>Number of vehicles and type of the vehicle:</b>	MOTOR CICLE NO. MH-40/BT-5997
<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>	Budhhshil Bhaurao Koche Age- 23 Yrs Add- Valad
<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>	Budhhshil Bhaurao Koche Age- 23 Yrs Add- Valad
<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 Motor Insurance Add- Vir Sawkar Marg, Sidhi Vinayak Mandir, Prabha Devi Mumbai
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3005/2011773037/00/0000003079 DATE 01/11/2023
<b>Action taken,if any,and the result thereof:</b>	Police Pending

Inspector of Police

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