



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ANDHALGAON
CR.No./TAR NO./SDE NO:	36/2021 SECTION 279, 337, 338 IPC
Date, Time & Place of accident:	Date 26/02/2021 At 09/00
Name of the Injured/Deceased:	Ku. RUTUJA RAVINDRA GOURE AGE 2 YEAR 6 MONTH AT SIHARI TQ MOHADI DIST BHANDARA
Name of Hospital to which he/she was removed:	TUMSAR CITY MULTI SPECIALITY HOSPITAL TUMSAT
Number of vehicles and type of the vehicle:	MH 49/D-0988
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:	SANDIP SHIVPRASAD PATALE AT SALAI TQ MOHADI 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:	SANDIP SHIVPRASAD PATALE AT SALAI TQ MOHADI DIST BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	TATA AIG General Insurance Compony LTD Regd. Office Fifth Flour Mumbai PIN 400013
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	0161869082
Action taken,if any,and the result thereof:	IN POLICE INVESTIGATION

Inspector of Police

* System generated document no signature required