



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.52/2021 SDE.NO.279 IPC,
Date, Time & Place of accident:	DATE - 14/02/2021 TIME - 13/20, Kardha Ashoka Tollnaka N.H.6 Road
Name of the Injured/Deceased:	NA
Name of Hospital to which he/she was removed:	NA
Number of vehicles and type of the vehicle:	MH-40 BL-9945 HGV.
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:	Kalidash Asaram Bramhnkar Age 45 Year, At- Dabhana Artatondi, Ta- Arjuni/mor, Dist Gondai.
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	MH-40 BL-9945 HGV.
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Manendra Nandaram Choudhary Plot No 34 Bhartwada Road, Behind Ghar Pendey Kirana Stores, Galli No 3 Jamnagar Nagpur.
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 ASSURANCE CO. LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSHURANCE POLICY NUMBER - 16030831200100001132, VALIDITY DATE - 31/01/2021 TO 30/01/2022
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police

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