



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	JAWAHAR NAGAR
CR.No./TAR NO./SDE NO:	159/17 SECTION 279,337,338, IPC R/W 2RRR 184/177 MV ACT
Date, Time & Place of accident:	21/08/17 -19/00 To 20/00 PM Kharbi Ta.dist Bhandara
Name of the Injured/Deceased:	Umesh Daulat Bhasme Age 45 Year At.kharbi Dist Bhandara
Name of Hospital to which he/she was removed:	General Hospital Bhandara
Number of vehicles and type of the vehicle:	MH/49/W-9374 MOTER CYCLE
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:	Arvind Sreekrushnaji Urkude Age 25 Year At.vadoda Ta.kamthi Dist Nsgpur
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	-
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Liladhar Bukwan At.rakesh Gupta House 612 Bhutiya Darwaja Road Nagpur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Reliance General Co..in Pune
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	11044723132008630
Action taken,if any,and the result thereof:	-

Inspector of Police

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