



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	252/21 SECTION 279,337,427 IPC
Date, Time & Place of accident:	Place- Jumri Nala Sakoli Date 1/6/21 At 20/00 Pm
Name of the Injured/Deceased:	Unknown
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	TRUCK NO. MH-40-Y-8919
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:	Ashokkumar Rohini Prasad Pande Age- 38 Yrs Add- Nagpur
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:	Rambihari Ramprasad Pande Add- Nagpur
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 Com.ltd
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	0160610677
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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