



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	288/21 SECTION 279,337,427 IPC R/W 184,134/187,185 MV.ACT.
Date, Time & Place of accident:	Place- Mohghata Jungle Date 25/6/21 At 19/15 Pm
Name of the Injured/Deceased:	Injured- Himanshu Jay Singh Age- 29 Yrs Add- Lakhani
Name of Hospital to which he/she was removed:	Amey Hospital Bhandara
Number of vehicles and type of the vehicle:	CONTAINER HEAVY GOODS VEHICLE NO. MH-04-HD-5646
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:	Jitendrakumar Shriram Rajambhar Age- 29 Yrs Add-Hajipur Biri Dist- Sultanpur (UP)
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:	Arunkumar Avadhnarayan Singh Age- 45 Yrs Dist-Darshan Co-Operative Sociaty Plot No. 34 Room NO. 24 S.V.P. Nagar 4 Bangala Barsava Andheri West Mumbai
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Bajaj Alliance General Insurance Company
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	OG-21-1901-1803-00007686 DATE- 25/3/2022
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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