



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	CR.NO. 243/2021 SEC 279 IPC
Date, Time & Place of accident:	Dt. 21/7/21 To 22.45 At Shreeram Nagar Tumsar To Bhandara Road
Name of the Injured/Deceased:	Non Injury
Name of Hospital to which he/she was removed:	-----
Number of vehicles and type of the vehicle:	MH 36/H 3176 INDICA VISTA CAR
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:	Sohanlal Tikaram Bhure Age 43 At Govardhan Nagar Tumsar.
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:	Sohanlal Tikaram Bhure Age 43 At Govardhan Nagar Tumsar.
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 Asurance Co. Ltd
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY NO. 16030631200100000713 VALID DT 4/12/2020 TO DT 3/12/21.
Action taken,if any,and the result thereof:	Cr.No. 243/2021 Sec 279 IPC

Inspector of Police

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