



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	JAWAHAR NAGAR
<b>CR.No./TAR NO./SDE NO:</b>	CR NO.117/21 SEC.279,337,IPC,
<b>Date, Time &amp; Place of accident:</b>	13.07.2021 10.00 NH53 Pe Pamp Thana
<b>Name of the Injured/Deceased:</b>	Injured- Sau Sushila Arun Kullarkar Age 48yr At Mauda Dist Nagpur
<b>Name of Hospital to which he/she was removed:</b>	Dhanvatari Hodpital Pe Pamp Thana
<b>Number of vehicles and type of the vehicle:</b>	BOLERO PICUP NO MH31FC0309
<b>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:</b>	Shubham Arun Kullarkar Age 32yr At Mauda Dist Nagpur
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Arun Watuji Kullarkar Age 55yr At Mauda Dist Nagpur
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ICICI Lombard Genral Inshurance Co.ltd New Dilli
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3001/MI:09441458/00/000
<b>Action taken,if any,and the result thereof:</b>	Police Investigation

Inspector of Police

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