



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	CR. NO.282/2021 U/S 279 IPC R/W 134.184 MV ACT
Date, Time & Place of accident:	15/08/2021 TO 07.00 PLACE- JILHA PARISAD CHOWK BHANDARA
Name of the Injured/Deceased:	NO
Name of Hospital to which he/she was removed:	NO
Number of vehicles and type of the vehicle:	MH-43/AR-3304 SWIFT GADI
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:	PANKAJ SURESH MASKE AGE.29 YEAR AT. AMBEDKAR WARD THANA PETROL PUMP DIST BHANDARA DATE 01/11/2010
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	YES
Name and address of the Owner of the vehicle as it stands on the date of the accident:	PANKAJ SURESH MASKE AGE.29 YEAR AT. AMBEDKAR WARD THANA PETROL PUMP DIST BHANDARA DATE 06/08/2014
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	HDFC AGRO GENERAL INSURANCE COMPANY LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2311204284035600000 DATE- 01/09/2022
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police

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