



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	459/21 SECTION 279,337 IPC
Date, Time & Place of accident:	Place- Front Of Taj Hotel Sakoli Date 19/9/21 At 09/10 Pm
Name of the Injured/Deceased:	Maroti Antaram Dhurve Age- 70 Yrs Add- Shankarpur/vadegaon
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	TRUCK NO. RJ-14-GG-5203
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:	Virendrakumar Omprakash Sarswat Age- 45 Yrs Add- Marola Tah- Mahaban Dist- Mathura (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:	M/ K M Trans Lojysstick Private Limited, Add- 55 Jaynagar Road No. 2 Jaypur (Rajsthan)
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Bajaj Eliyance General Insurance Company Lim.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	OG-21-4350-1831-00000245 DATE- 06/01/2022
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

* System generated document no signature required