



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.328/2021 SDE.NO.279,338,304(A) IPC, R/W 184,134/177 MVACT.
Date, Time & Place of accident:	DATE - 22/10/2021 TIME - 10/30, BHILEWADA A.R.PETROLPUMP, N.H.6 Road 04 K.M.PURV.
Name of the Injured/Deceased:	Name Of Deceased : - SUDARSHAN PANDAV NISHAD AGE 32 YEAR, AT - PURENA KHAPRI RISDA BALODA BAZAR RISDA CHHATTISGARH-493332.
Name of Hospital to which he/she was removed:	Government Hoshpital Bhandara,
Number of vehicles and type of the vehicle:	MH- 49 AT. - 2220
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:	Name Of Driver - PRAVIN MITARAM BHIVGADE, AGE 30 YEAR, AT - WARD NO. 04, LAKHANI, TA- LAKHANI, DIST - BHANDARA.
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	GOODS CARRIER, TR, MH- 49 AT. - 2220
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Name & Address Of Owner Vehicle - PRAVIN MITARAM BHIVGADE, AGE 30 YEAR, AT - WARD NO. 04, LAKHANI, TA- LAKHANI, DIST - BHANDARA.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	Insurance Company : - RELIANCE GENERAL INSURANCE,POLICY SERVICING BRANCH - AYODHYA BUILDING, 1ST FLOOR 119, NEAR BAJAJ NAGAR CHWOK, BEHIND AKRUTI FURNITURE, BAJAJ NAGAR NAGPUR, 440010
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSURANCE POLICY NUMBER - 795522123340000018 & VALIDITY DATE: - 22 JUN - 2021 TO 21 JUN - 2022
Action taken,if any,and the result thereof:	POLICE INVISTIGATION

Inspector of Police

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