



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	MOHADI
CR.No./TAR NO./SDE NO:	135/21 SECTION 279,304(A) IPC R/W 184 MV ACT.
Date, Time & Place of accident:	DATE 30/9/21 TO 22.00 PM AT- SINDHAPURI TO GONDEKHARI ROAD BREAZE.
Name of the Injured/Deceased:	AVINASH RAMBHAU ILPATE AGE 21 YEAR AT. DIGHORI AMGAON DIST BHANDARA.
Name of Hospital to which he/she was removed:	SUBHASHCHANDRA BOS GOV. HOSPITAL TUMSAR.
Number of vehicles and type of the vehicle:	MH36/AD5823 BAJAJ DISCOVER
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:	AVINASH RAMBHAU ILPATE AGE 21 YEAR AT. DIGHORI AMGAON DIST BHANDARA.
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:	RAMBHAU VITHOBA ILPATE AGE 48 YEAR AT. DIGHORI AMGAON DIST BHANDARA.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	CHOLAMANDALAM MS GENERAL INSURANCE COMPANY BHANDARA NO 12 AND 13 TURSKAR COMPLEX GROUND FLOOR NEAR HEAD POST BADA BAZAR BHANDARA.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3361/00765752/000/00
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police

* System generated document no signature required