



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	330/2021 SEC 279, 337 IPC 134 MV ACT
<b>Date, Time &amp; Place of accident:</b>	20/09/2021 NEAR VIJAYA BANK VIDARBHA H COLONY BHANDARA
<b>Name of the Injured/Deceased:</b>	1) DIPALI RAMLAL THAKUR 2) BHARTI DUMBHARE
<b>Name of Hospital to which he/she was removed:</b>	CITYCARE MULTISPESHOLITY HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MH31 CS5724
<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>	NARENDRA PURUSHOTTAM BAWANKAR
<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>	DIPALI RAMLAL THAWKAR AT MHADA COLONY BHANDARA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NATIONAL INSURANCE COMPANY Z P SQUARE BHANDARA
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	28130331206760002259 08/10/2021 MIDNIGHT
<b>Action taken,if any,and the result thereof:</b>	UNDER PROCESS

Inspector of Police

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