



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| <b>Police Station:</b>   | BHANDARA   |
| <b>CR.No./TAR NO./SDE NO:</b>  | 356/2021 SEC 279, 337 IPC 184, 134/177 MV ACT    |
| <b>Date, Time &amp; Place of accident:</b>   | 03/10/2021 14.30 FRONT OF WRUNDAWN LOWN BHANDARA |
| <b>Name of the Injured/Deceased:</b>   | NARENDRAKUMAR MAROTI RANGARI                     |
| <b>Name of Hospital to which he/she was removed:</b>   | LAKSH HOSPITAL BHANDARA                          |
| <b>Number of vehicles and type of the vehicle:</b>   | MH36 U 5883 ACTIVA                               |
| <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> | NARENDRAKUMAR MAROTI RANGARI                     |
| <b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>   | PRIVATE  |
| <b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>  | ROSHAN J VAIRAGADE                               |
| <b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>                        | IFCO-TOKIYO GENERAL INSURANCE CO. LTD            |
| <b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>                                     | 1-229V5Q20 20/09/2022 23.59                      |
| <b>Action taken,if any,and the result thereof:</b>   | UNDER PROCESS                                    |

Inspector of Police

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