



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	279/2021 SEC 279,337 IPC RW 184, 134/177 MV ACT
Date, Time & Place of accident:	11/08/2021 18.30 FRONT OF CAKE FLOOR ZP SQUARE TO RG SQUARE ROAD BHANDARA
Name of the Injured/Deceased:	MINA PRAMOD RAUT AGE 40 YRS. AT WARTHI
Name of Hospital to which he/she was removed:	LAKSH HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH 36 Y 1570 ACTIVA
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:	ASHISH ANANDRAW BHALERAO AT SUGAT NAGAR NAGPUR
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	PRIVATE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	ASHISH ANADRAO BHALERAO
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	BAJAJ ALIANZ GENERAL INSURANCE CO. LTD
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	RI 24632319
Action taken,if any,and the result thereof:	UNDER PROCESS

Inspector of Police

* System generated document no signature required