



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.303/2021 SDE.NO.279,338 IPC
<b>Date, Time &amp; Place of accident:</b>	DATE - 30/09/2021 TIME - 18/30, BhilewadaVidieocon Company N.H.6 Road
<b>Name of the Injured/Deceased:</b>	Name Of Injured - Hiwaraj Shamrao Nagose Age - 39 Year, At- Ambika Nagar Bhojapur Post - Bela Ta-Dist - Bhandara ( Victim )
<b>Name of Hospital to which he/she was removed:</b>	Laksh Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	TRACK NO. MH-36 F- 2696 ( ACCUSE )
<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>	Shrikant Ganesh Chinkure Age 23 Year, At- Jamni, Ta.Dist - Bhandara
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	TRACK NO. MH-36 F- 2696 ( ACCUSE )
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Mohd. Tarbez Sheikh Mohdkadir Sheikh Age 35 Year At- Rajguru Ward 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>	Inshurance Company - Reliance General Insurance Company Ltd. Bhandara
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	INSHURANCE POLICY NUMBER- VALIDITY DATE: - 08/08/2019 TO 07/08/2020
<b>Action taken,if any,and the result thereof:</b>	Police Investigation

Inspector of Police

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