



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	WARTHI
<b>CR.No./TAR NO./SDE NO:</b>	97/2022 U/S 279, 304(A) IPC R/W 184,134/187 MVA
<b>Date, Time &amp; Place of accident:</b>	WARTHI DATE 07/06/2022 14/15 To 14/30 PM
<b>Name of the Injured/Deceased:</b>	DEATH 1) SHRIKRUSHNA VISHWANATH JAMBHULKAR /55 AT - AASOLA TH - LAKHANDUR
<b>Name of Hospital to which he/she was removed:</b>	GENERAL HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	TRALLER NO MH 40 BL -4937
<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>	MANOJ KUMAR SHESHMANI SEN /24 AT- PIPRAHI STATE- MADHYAPRADESH
<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>	BHARAT RAJKUMAR JAIN /40 AT- KAPSI KHURD NAGPUR
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Reliance General Company Ltd IRDAI NO 103
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NO 170522223340004109 DATE 19 FEB 2023
<b>Action taken,if any,and the result thereof:</b>	OFFENCER REGISTER POLICE STATION WARTHI

Inspector of Police

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