



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	239/2022 SECTION 279,304(A) IPC R/W 184,134/187 MV.ACT.
Date, Time & Place of accident:	Date 03/05/2022, At 21.30 Pm, Place- Jambhali/Khamba
Name of the Injured/Deceased:	Deceased- Vilas Yado Pandhare Add- 53 Yrs Add- Jambhali/Khamba
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	DEZIRE ZXI MH-36/AG-4471
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:	RUSHIKUMAR RAMU SAYAM AGE- 33 YRS ADD- JAMBHALI
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO.
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Samir Bhaurao Borkar Add- Shrinagar Murmadi Lakhani
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	D New India Insurance Company Limited
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	98000031210910375683 DATE- 03/08/2024
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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