



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.295/2022 U/S 279,304(A) IPC R/W 134,184 MV.ACT.
<b>Date, Time &amp; Place of accident:</b>	02/07/2022 20/00 PM. BSNL Quater Front Bhandara
<b>Name of the Injured/Deceased:</b>	Kanyaalal Changdeo Bhojar Age 33 Year At, Dhorwada Post Madgi ,tah Tumsar Dist.Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Ganral Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	MH46BB1823 ASHOK LELYAND TURCK
<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>	Fulchand Mangilal Kashap Age 45 Year At.Indar Coalny No 6 Durga Mandir Kamthi Nagpur
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	GOODS CARIAER
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Avadhesh Gautam 26/4 Gondegaon Coloy Tah.Parseoni , 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>	Digitally Singed By General Insurance Company Limited
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	110522223340029337 DATE.11 MARCH 2023
<b>Action taken,if any,and the result thereof:</b>	Police Pending

Inspector of Police

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