



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	305/22 U/S 279 IPC
<b>Date, Time &amp; Place of accident:</b>	8/7/22 ?? 21/05 ?? . ?????? ?????? ??? ??????
<b>Name of the Injured/Deceased:</b>	No
<b>Name of Hospital to which he/she was removed:</b>	No
<b>Number of vehicles and type of the vehicle:</b>	UK-07 BW -4003
<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>	Nishant Avinash Khurana Age 33 Yrs R/o Sitaram City Bhojapur Bhandara RTO Deharadun
<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>	Nishant Avinash Khurana
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:</b>	Iffco Tokio General Insurance Co.Ltd. Pune
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	55096958 ,. 31/3/22. TO. 30/3/23
<b>Action taken,if any,and the result thereof:</b>	The Crime Is Under Invastigation

Inspector of Police

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