



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	266/2022 SEC. 279,338 IPC 184 MV.ACT
Date, Time & Place of accident:	20/07/2022 20/00 DEWADI TO TUMSER ROAD
Name of the Injured/Deceased:	HEMRAJ LAXMAN KHARWADE AGE - 43, AT- SHIVANI
Name of Hospital to which he/she was removed:	GMC NAGPUR
Number of vehicles and type of the vehicle:	MH 36 AJ 1847 MOTAR CYCILE
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:	SAROTTAM MANGIU TARAM AT- SITASAWANGI TAH- TUMSAR DIST- BHANDARA
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:	PUSAURAM JHUMUKRAM BHOYAR
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	RELIANCE GENERAL INSURANCE CO. LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	993792123750017166 11-09-2026
Action taken,if any,and the result thereof:	ACTION WAS TAKEN

Inspector of Police

* System generated document no signature required