



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	ADYAL
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.61/2022 SECTION 279,337, IPC
<b>Date, Time &amp; Place of accident:</b>	Date 15/04/2022 Time 02/00 To 02/30 Place Pahela
<b>Name of the Injured/Deceased:</b>	Vilash Balaji Bhute Age 51 Year At Shudad/pu.ta. Pauni Dist-Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rh Adyal
<b>Number of vehicles and type of the vehicle:</b>	MH 34 B.G.1310 TACK
<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>	No
<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>	Shreenath Ramashjivan Yadav Age 41 Year At ChunaBhatti Ward Ballarsh Dist Chandarpur
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	The New India Assurance Co.Ltd. Mumbai
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	07/12/2022
<b>Action taken,if any,and the result thereof:</b>	Police Pending

Inspector of Police

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