



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	WARTHI
<b>CR.No./TAR NO./SDE NO:</b>	CR NO 107/2022 U/S 279,304(A) R/W 184 MVA
<b>Date, Time &amp; Place of accident:</b>	DATE 06/07/2022 6/30 TO 06/34 AT - NAYRA PETROLPUMP
<b>Name of the Injured/Deceased:</b>	DEATH 1) IRFAN MOHMAMAAD ASLAM SHAIKH /25 AT AJANPUR ( U.P)
<b>Name of Hospital to which he/she was removed:</b>	GENRAL HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	TRU K NO MH 40 BL/1157
<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>	DEATH 1) IRFAN MOHMAMAAD ASLAM SHAIKH /25 AT AJANPUR ( U.P)
<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>	SATVINBER SINGH CHATTERSINGH TATHE AT - KAPSI (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>	ICICI LOMBARED NIBHAYE VADE
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3003/231762312/00/000 DATE 14 NOV2021 TO 13 NOV 2022
<b>Action taken,if any,and the result thereof:</b>	OFFENCER REGISTER POLICE STATION WARTHI

Inspector of Police

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