



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	314/2022
<b>Date, Time &amp; Place of accident:</b>	20/06/2022 In Front Patwari Bhawan N,H. 6 Road Bhandara
<b>Name of the Injured/Deceased:</b>	MUZAMMIL IQBAL KHAN
<b>Name of Hospital to which he/she was removed:</b>	LAKSH HOPITAL BHANDARA / PRIME NURSING HOME NAGPUR
<b>Number of vehicles and type of the vehicle:</b>	MH49F0924 SUMO/GOLD D/CX/III-2 TATA MOTAR
<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>	PRASHANT MADHUKAR BHURE AGE-32 YRS ADDRESS- NANDORA, POST-SHAHAPUR TH.-BHANDARA DIST, BHANDARA
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	OM SHANTI TOURS & TRAVELS
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	PROP- NITIN. D. GAJABE, AT- SUBHASH WARD MOHDURA TA-DIST-BHANDARA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NATIONAL INSURANCE COMPANY LTD. BRANCH OFFICE BHANDARA
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	281303312110002141 DATE- 23/12/2022
<b>Action taken,if any,and the result thereof:</b>	POLICE PENDING

Inspector of Police

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