



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO - 211/ 2022, SDE NO 279,337,304(A) IPC, RW 4/122, 177(A),184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	DATE - 04/09/2022, TIME - 02/00, PLCCE OF ACCIDENT - DHARGAON NEAR PHC N.H. 53 ROAD 12 KM
<b>Name of the Injured/Deceased:</b>	Name Of Deceased: - SARVESH MANNILAL SONI, AGE 40 YEAR, AT - BILDING NO. 17 ROOM NO. 5, KAPIL NAGAR MHADA COLONY NARI ROAD NAGPUR.
<b>Name of Hospital to which he/she was removed:</b>	GOVERMENT HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	NUMBER & TYPE VEHICLE: - CG04 JD 5097
<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>	SARVESH MANILAL SONI, AGE 40 YEAR, AT - BILDING NO. 17 ROOM NO. 5, KAPIL NAGAR MHADA COLONY NARI ROAD NAGPUR.
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	GOODS SERVICE VEHICLE, CG04 JD 5097
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	SARVESH MANNILAL SONI, AGE 40 YEAR, AT - BILDING NO. 17 ROOM NO. 5, KAPIL NAGAR MHADA COLONY NARI ROAD 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>	Inshurance Company:- THE NEW INDIA ASSURANCE COMPANY LIMITED
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	INSHURANCE POLICY NUMBER - 16030031220100000632, VALIDITY DATE: - 29/06/2022 TO 28/06/2023
<b>Action taken,if any,and the result thereof:</b>	POLICE INVESTAGATION

Inspector of Police

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