



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDI
<b>CR.No./TAR NO./SDE NO:</b>	110/2022 SEC 279,427 IPC RW 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	26/09/2022 10/30 To 11/35
<b>Name of the Injured/Deceased:</b>	No Injured
<b>Name of Hospital to which he/she was removed:</b>	NO
<b>Number of vehicles and type of the vehicle:</b>	01 ) RENAULT KIGER MH35/AR 2986
<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>	Rajesh Chottulal Patle Age 45 Year At - Chikhali Th- Tiroda Dist - Gondiyaya
<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>	Lalit Chaganlal Patle Age 33 Year At + Post - Tiroda Dist - Gondiyaya
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	CHOLAMANDALAM MS GENRAL INSURANCE Co.Ltd.
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3408/0013383600000 VALID 01/07/2021 TO 30/07/2024
<b>Action taken,if any,and the result thereof:</b>	Crime Registered Against

Inspector of Police

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