



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	POLICE BHANDARA 272/2022 SE-279,337,338,304(A).IPC,RW-184,MVACT
<b>Date, Time &amp; Place of accident:</b>	Date Time 12/06/2022 11/00 DURING , Place Of Accident -RAJIVGANDHI CHOK BHANDARA
<b>Name of the Injured/Deceased:</b>	Deceased -dulichand Kodu Barwiaa AGE 45 YEAR AT. LALA LACHPATRAY WARD BHANDARA 441904
<b>Name of Hospital to which he/she was removed:</b>	GEOVEMENT HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	1) MH-36 ,AF-1619 MOTAR CYCLE AND 2) S T BUS NO MH 14 BT 066
<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>	1) MH-36 ,AF-1619 -dulichand Kodu Barwiaa AGE 45 YEARLELALcHPTRAY VERD BHANDARA 2) S T BUS NO MH 14 BT 066 SHRIKRUSHNA B TEKAM AGE 55 YEAR AT TEKEPAR T. D. BHANDARA
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	YES (S T BUS NO MH 14 BT 066)
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	S T BUS NO MH 14 BT 066
<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 LAMBARD MOTER INSURANCE MUMBAI
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NUMBER 3005/2011772893/00/0000006949 VALIDITY DATE: -30/12/2024 MIDNIGHT
<b>Action taken,if any,and the result thereof:</b>	1) MH-36 ,AF-1619 MOTAR CYCLE AND 2) S T BUS NO MH 14 BT 066 DETEN POLICE STATION BHANDARA AND R,T.O.EXAMINATION

Inspector of Police

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