



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	CR NO 467/23 SECTION 279 I.P.C
Date, Time & Place of accident:	DATE 01/09/2023 TIME 10/30 TO 11/00
Name of the Injured/Deceased:	NO
Name of Hospital to which he/she was removed:	NO
Number of vehicles and type of the vehicle:	1) MH 40 BL 8807 T TIPPER TRUCK VEHICLE 2) MH 36 Z 9093 SWARAJ TROCTOR
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:	1]SANJAY ISHWA RDAS MESHRAM Address Plot No 122 Bhagwan Nagar Nagpur 2] Dongarla Post Umrwada TQ Tumsar Dis Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Plot No 56 PUNAI NAGARI, BHILGAON KHAIRI NAGPUR MAHARASTRA 441001 77099705117
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	MAGMA HDI GENERAL INSURANCE COMPANY LTD Address DEVELOPMENT HOUSE 24 PARK TREET, KOLKATA 700016
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY NO P0023400018/4103/103522
Action taken,if any,and the result thereof:	FRI Lodged

Inspector of Police

* System generated document no signature required