



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ANDHALGAON
CR.No./TAR NO./SDE NO:	178/2023 SEC 279,304(A), IPC, R/W 134(B), 184 MV ACT
Date, Time & Place of accident:	06/09/2023 To 06/15 Am
Name of the Injured/Deceased:	CHANDRASHEKHAR HANWANT ZANZAD Age 45 At- WASERA Tq- MOHADI, Dist- BHANDARA
Name of Hospital to which he/she was removed:	LASHYA HOSPITAL.BHANDARA, GEANARAL HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	1) SML ISUXU LTD MH 31/F- 6286, 2) HONDA ACTIVA MH- 31/CT- 3689
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:	SML ISUXU LTD MH 31/F- 6286 SHALENDRASING RAJANSING RAGHUWANSHI Age 45 PLOT NO. 57 NAVNIT NAGAR AMRAWATI ROAD WADI NAGPUR
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:	SML ISUXU LTD MH 31/F- 6286 R.C. PLOSTO TANKS & PIPES PVT LTD NA PROP VISHAL R AGRAWAL P.NO. 12/B, LATE KRISHNA KHONDE MARG, KHARE TWO B/H PRANJPE SCHOOL , SHANKAR NAGAR NAGPUR
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	SML ISUXU LTD MH 31/F- 6286 MAGMA HDI GENERAL INSURANCE COMPANY LTD
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	PO124200024/4103/101399
Action taken,if any,and the result thereof:	FIR

Inspector of Police

* System generated document no signature required