



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	637/2023 279,304 A IPC
Date, Time & Place of accident:	16/09/2023 14:45
Name of the Injured/Deceased:	RAMAN SURESH TEBHURKAR AGE 32 YR AT. CIVIL WARD SAKOLI TA. SAKOLI DIST BHNDARA
Name of Hospital to which he/she was removed:	GOV. HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH 40 BY 0178
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:	NO
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:	SHRIKANT KATHALAKAR 13 DEC 2019
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	INCSURANCE CUM POLICY SCHEDULE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	115RP0016V01201687
Action taken,if any,and the result thereof:	POLICE PENDING

Inspector of Police

* System generated document no signature required