



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	330/2023 SECTION 279,337,338 RW 184 MV ACT
Date, Time & Place of accident:	At- Shingori NH-53 Road Date- 29/08/2023 - 02/30
Name of the Injured/Deceased:	Maheeb Shaha Dilbar Shaha Age- 23
Name of Hospital to which he/she was removed:	Shri Sai Hospital Bhandara
Number of vehicles and type of the vehicle:	TRUCK NO. MH 40 CM 7938
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:	Tousif Ahamd Yusuf Mohmad
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	GOODS CARIER
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Shaikh Mohmad Razik Abdul Rauf
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 Co. Ltd
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	P0024200024/4103/101953 DTE- 11/07/2024
Action taken,if any,and the result thereof:	Accident

Inspector of Police

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