



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	CR.NO. 501/2023 SEC. 279,337,338,304 (A) IPC R/W 184,185 MV.ACT
Date, Time & Place of accident:	DATE- 02/10/2023 TIME- 15/45 To 16/00
Name of the Injured/Deceased:	Nitin Shripatrao Barai
Name of Hospital to which he/she was removed:	Laksh Hospital Bhandara
Number of vehicles and type of the vehicle:	MH 36 AM 6393
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:	Pratik Sukhdev Selokar Age 27 Year Add.sihari Th Mohadi Dist Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	PRAVATE VEHICLE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Sudhakar Gopichand Kahalkar Age 58 Yr Add.Bamhani Post Madgi Th Tumsar
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Hero Inshurance Broking India PVT LTD Composlt Broker ,irdai Reg.No 649
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	993792323750183191 DATE 14/09/2023 TO 13/09/2024
Action taken,if any,and the result thereof:	FIR

Inspector of Police

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