



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	ADYAL
<b>CR.No./TAR NO./SDE NO:</b>	214/23 SECATION 279,337,IPC
<b>Date, Time &amp; Place of accident:</b>	Date 5/10/2023 Time 12/40
<b>Name of the Injured/Deceased:</b>	Ashwin Wasudev Sende Age 35 Year At Rajegaon MIDC Ta-Dist Bhandara
<b>Name of Hospital to which he/she was removed:</b>	RH Adyal
<b>Number of vehicles and type of the vehicle:</b>	MH.36 Z 6157 MARUTI AWIFT VXI
<b>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:</b>	Rohit Haraman Waghaye Age 30 Year At Muramadi Ta. Lakhani Dist Bhandara
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Hiraman Muridhar Waghaye Age 59 Year At Muramadi Ta. Lakhani Dist Bhandara Date-10/06/2019
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	National Insurance Co.Lts. Pradhan Head Office Kolkata 700071
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NUMBER 281303312310000252 DATE 1/6/2023 TO 31/5/2024
<b>Action taken,if any,and the result thereof:</b>	Police Pending

Inspector of Police

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