



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	PAUNI
<b>CR.No./TAR NO./SDE NO:</b>	190-2023
<b>Date, Time &amp; Place of accident:</b>	29/05/2023 To 21/00 Pm Bhuyar
<b>Name of the Injured/Deceased:</b>	Manthan Nanaji Ramteke Age 22 Ad.-kanpa Ta- Nagbhid Di.chandrapur
<b>Name of Hospital to which he/she was removed:</b>	Death On The Spot No Hospitaise
<b>Number of vehicles and type of the vehicle:</b>	VICTIM VEHICLE M.H.31/F.M.5483
<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>	Manthan Nanaji Ramteke Age 22 Ad.-kanpa Ta- Nagbhid Di.chandrapur
<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>	Nitesh Shivdas SHaMbarkar Add Thana Ta-pavni Di-Bhandara
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Hiro Insurance Compy Ltd
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3191895366/000000/00
<b>Action taken,if any,and the result thereof:</b>	Under Investigastin

Inspector of Police

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