



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	440/23 U/S 279 . 337.338.304(A) IPC
Date, Time & Place of accident:	17/07/2023 Wengaga Brij Bhandara
Name of the Injured/Deceased:	Parthamesh Vinod Vakade
Name of Hospital to which he/she was removed:	Garment Hospital Bhandara
Number of vehicles and type of the vehicle:	MH26AF2172 BAJAJ PALSAR 150
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:	Rahul Suresha Shirame At-nerala Tah- Pavani Dis- Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NA
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Sashikat Akusha Kubade At-nerala Tas-pavani Dis- Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Chola Mandalam
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1397/00872939/000/00 31/12/2024
Action taken,if any,and the result thereof:	Police Investigation

Inspector of Police

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