



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	440/2023
Date, Time & Place of accident:	17/07/2023 Time 15.30
Name of the Injured/Deceased:	PRATHAMESH VINOD WAKDE AGE 17 YR. AT NERLA TA. PAWANI DIST BHANDARA. INJURY - HEDA AND EYER
Name of Hospital to which he/she was removed:	GOV. HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH 36 AF 2172 MOTAR CYCLE
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 SURESH SHREERAME AT NERLA TA. PAWANI DIST BHANDARA.
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	SELF MOTAR CYCLE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	SASHIKANT A KUBADE AT NERLA TA. PAWANI DIST BHANDARA.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	CHOLA MS GENERAL INCURANCE COMPANY LIMITED 2END FLOOR DARE HOUSE,2 NSC BOSE RODE CHENAI 600001
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	123 PAN AABCC6633K CIN U66030TN2001PLC047977
Action taken,if any,and the result thereof:	FIR TO POLICE STETION BHANDARA

Inspector of Police

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