



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	318/23 SEC 279,304 A R/W 134 MVA
<b>Date, Time &amp; Place of accident:</b>	02/11/2023 19/15 PM Sundartola
<b>Name of the Injured/Deceased:</b>	Radhesyam Ghanshyam Bhalavi Age 45 At Sundartola
<b>Name of Hospital to which he/she was removed:</b>	SUBHASCHANDRA BOSE GOVT HOSPITAL TUMSAR
<b>Number of vehicles and type of the vehicle:</b>	MH 31 CP 6629
<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>	Vijay Ramcharan Khangare Age 36 At Sitasavangi Tah Tumsar 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>	Mahesh G Tolani At-po Sitasavangi Th Tumsar Dist Bhandara 441912
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ICICI LOMBORD
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3001/MI-13224017/00/000 30/08/2024
<b>Action taken,if any,and the result thereof:</b>	ACTION HAS BEEN TAKEN

Inspector of Police

\* System generated document no signature required