



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDI
CR.No./TAR NO./SDE NO:	125 /2023 SECTION 279,338 IPC R/W 184,185(1),3(1) M.V.ACT
Date, Time & Place of accident:	14/11/2023 13/30 TO 13/45 PM NEAR KARDI ELECTRIC POWER SUB STATION
Name of the Injured/Deceased:	NO
Name of Hospital to which he/she was removed:	P H C KARDI
Number of vehicles and type of the vehicle:	MH 35 P 6532
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:	SAGAR SHANKAR MOHARKAR AGE 24 YEAR AT MATA WARD KARDI TA.MOHADI DT.BHANDARA
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	SAGAR NAMDEO SONWANE AT MUNDHRI KHURD TA. MOHADIDT. BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	SBI GENERAL INSHURANCE COMPANY
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POPMCAR00100305813 DATE 01/10/2023 TO 30/09/2024
Action taken,if any,and the result thereof:	NO

Inspector of Police

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