



## **FORM COMP A A**

[ See Rules 253 [c] 254[c][111],254[80255[1][I v]  
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Ballarsha DIST chandrapur
2	CR.NO/TAR No./SDE No	273/2020 SEC, 279, 337, 338, 427 IPC. R/w 184 M.V. Act
3	Date Time and place of the accident	14/03/2020 at 21:00 to 21:30 hrs.
4	Name of the Injured /Deceased	Abdul Rafik Abdul Rashid Sheikh, Age 44 Yrs. At. Shivaji Ward Rajura Dist. Chandrapur. P/A Sidheshwar Tah. Rajura
5	Name of Hospital to which he/she was removed	Rural Hospital Ballarpur Ta. Ballarpur Dist Chandrapur & Govt. Medical College & General Hospital Chandrapur.
6	Number of vehicles and type of the vehicle	Truck No. MH34-BG 6327 & Motor Cycle MH 34-H 1978
7	Name, and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the issuing Authority of the said Driving Licence. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge	Mithun Vasanta Pawade Age 30 yrs. At Kawadjai Tah. Ballarshah Dist. Chandrapur.  DRIVING LICENCE – MH34-20090014583 Date of Issue 21/07/2009  Licencing Authority – RTO Chandrapur Maharashtra  VALID TILL 20-07-2021
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	Venkateshwarrao Rajlaxman Saknalwar Age 52 yrs R/o Kannamwar Ward Ballarshah Dist. Chandrapur Accident Date 14/03/2020
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of the insurance Company.	THE NEW INDIA ASSURANCE CO.LTD. Address – Chandrapur DO (161300) 2 <sup>nd</sup> Floor Block No. 209 Udyog Bhowan Bus Stand Road, Maharashtra 442402. PH: (07172) 253505/ 250997  <b>Head Office-</b> Dr.Ambedkar Bhawan M.E.C.L. Premises 4 <sup>th</sup> Flower Highland Drive Seminary Hills Nagpur-440006



10	Number of the insurance policy / insurance Certificate and the Date of Validity of the insurance policy / insurance Certificate	Policy No. 16130031190100004720 Date of Validity : 15/10/2019 to 14/10/2020
11	Action taken , if any and the result there of	Case no. 273/2020 Sec. 279, 337, 338, 427 IPC. R/w 184 M.V.Act.
12	N.B- This form should accompany with all the necessary document viz [i]F.I.R.[2] Panchanama [3] Medical Certificate /Post-Marterm Report	1) FI.R. 2) Panchanama 3) Medical Report

“ THIS IS SYSTEM GENERATED DOCUMENT AND REQUIRES NO SIGNATURE”

  
पोलीस निरीक्षक  
पो.स्टे. बल्लारपूर  
POLICE STATION OFFICER  
BALLARSHA