




FORM COMP AA

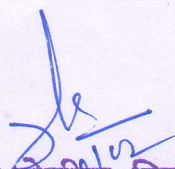
51199 255/2021
TC. 01/02/21

[See Rules 253(c), 254 (c)(iii), 254(c) 255(1)(iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station.	KAPIL NAGAR NAGPUR CITY
2.	CR.NO./TAR No./ SDE No.	18/2021 113-279, 338 IPC R/W 184, 184A
3.	Date, Time and Place of accident.	MATRI CONONY GARDAN NEAR DATE 28/10/2020 at 13:45 PM.
4.	Name of the Injured/ Deceased.	URBA CHUDAMAN SHAKHARE AGE 61 year
5.	Name of Hospital to which he/ she was removed.	ICON HOSPITAL NAGPUR.
6.	Number of vehicales and type of vehicales.	MH-49-5375 TATA (A/C)
7.	Name and Address of the Driver of the vehicle with particulars or Driving License of the said Driver and address of the Issuing Authority of the said Driving License- The number of Badge in case of Public Service Vehical and the address of the Issuing Authority of the said Badge.	MANISH @ ATISHA S/O SOMNATH KOCHER AGE-34 YEAR R/O BARA KHOLI REBUNAGAR LINE NO 6, P/S JAREPTKA NAGPUR-14. R.T.O, NAGPUR-WEST MH-49-AT 5375 TATA A/C
8.	Name and Address of the Owner of the vehicles as it stands on the date of the accident.	28/12/2020 TO 13:45 PM.
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	SHRIRAM GENERAL INSURANCE COMPANY LIMITED NAGPUR
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the of Insurance Policy/Insurance Certificate-	215034/31/21/005427 Date. 22/10/2020 TO 21/10/2021.
11.	Action taken, if any, and the result thereof	


Inspector of Police
पो.हवा. ब.नं.3884
पो.स्टे कपिलनगर नागपुर शहर

P.S. kapilnagar NAGPUR CITY


वरिष्ठ पोलीस निरीक्षक
पो.स्टे कपिलनगर नागपुर शहर