Date: 10-01-2026

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	1743/2025
Date, Time & Place of accident:	22/12/2025 On 17/30 Pm & Navegaon On The Satona Shahapur Raod
Name of the Injured/Deceased:	Amarlal Laxman Katare
Name of Hospital to which he/she was removed:	Gov Hospital Nagpur
Number of vehicles and type of the vehicle:	2 & MOTOR CYCLE,CAR`
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:	Krunal Fulchand Kambale At.post Thana (p.pump) Dist. 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:	Purushottam Mansaram Kambale At.post Thana (p.pump) Dist. Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Universal Sompo General Insurance Company
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2311/78596502/00/000 & 27/07/2026
Action taken,if any,and the result thereof:	Case File Fir No.1743/2025

Inspector of Police