

FORM COMP AA**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	55/2026 SECTION 281,125 A,B BNS R/W 184 ,134 A,134B MOTOR VEHICLE ACT
Date, Time & Place of accident:	26/02/2026 Near About 15/00 Near Devhada Khurd Tumsar TIROD ROAD NH 753
Name of the Injured/Deceased:	PANKAJ
Name of Hospital to which he/she was removed:	SDH HOSPITAL TUMSAR /G.M.C NAGPUR
Number of vehicles and type of the vehicle:	MH 40 CD 3939 TRACK MH35 AN9804
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:	KULWINDERSINGH GURUCHARANSINGH GHUMAN AGE 31 AT SAMATA NAGARI ROAD UPPALGADI TAL.DIST NAGPUR MO.NO.6260474039 MH 31
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:	RAMINDERPALSINGH GURUCHARANSINGH ALAG AGE 52 AT SUKHJEEWAN SOCIETY ,KADBI CHOWK ,NAGPUR 440004
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	UNITED INDIA INSURANCE COMPANY LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2302093125P100573182
Action taken,if any,and the result thereof:	POLICE INVESTIGATIONS

Inspector of Police