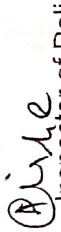




## FORM COMP AA

## REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	151/2024 SECTION 279,304(A) IPC R/W 184,134(B) MV ACT
Date, Time & Place of accident:	DATE - 13/04/2024 16/20 HRS, NH 53 ROAD NEAR PANCHAYT SAMITI LAKHANI
Name of the Injured/Deceased:	SARALA ANAMOLE KULSUNGE AGE 44 YEAR AT- TA_LAKHANI DIST-BHANDARA
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	TRUCK MP 09 HG 5725
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:	SAKIR IMRAN KHAN AGE 26 YEAR AT- GOLAGUTHAN TA- SATWAS,DIST-DEWAS STATE-M.P
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:	ROHIT DOULAT SHIVHARE AGE 33 YEAR AT- PALDA NEMAWAR ROAD,SAMTA NAGAR, INDORE , MADHYA PRADESH-452001
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	NATIONAL INSURANCE COMPANY LIMITED , DIVISION II 13, OLD PALASIA,AB ROAD INDORE MADHYA PRADESH 452001
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	320400312310002300, VALID 23/08/024
Action taken, if any, and the result thereof:	FIR LODEG

  
 Inspector of Police  
 पोलीस निरीक्षक  
 पोलीस स्टेशन लाखनी  
 जिल्हा भंडारा