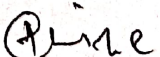




FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	171/2024 SECTION 279,337,338,IPC R/W 184,4,122/177 MV ACT
Date, Time & Place of accident:	DATE - 29/04/2024 1/30 HRS, NH 53 ROAD LAKHANI BRIDGE
Name of the Injured/Deceased:	RAJAKUMAR UMESHRAO YADAV AGE 18 YEAR AT- BARIYAPUR DIST-SARANG STAT- BIHAR
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI TO DISTRICT HOSPITAL BHANDARA TO GMC NAGAPUR
Number of vehicles and type of the vehicle:	TRUCK MP 20 HB 4173
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:	DURGESH JIVANSINGH MALVIYA AGE 26 YEAR AT- GILLOR TA_NASRULLAGANJ DIST- SEHORE STAT- 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:	JAVED MOHMAD HAMID KHAN AGE 40 YEAR AT- CHANDAN NAGAR INDORE TA.DIST- INDORE SATA- M.P.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	IFFCO-TOKIO GENERAL INSURANCE CO.LTD AT- 7 RACE COURSE ROAD NEW PALASIYA, NEAR 56SHOP INDORE MADHYA PRADESH 452001
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1-35A539PU P400 VALID 08/01/2025
Action taken,if any,and the result thereof:	FIR LODGE


 Inspector of Police
 पोलीस निरीक्षक
 पोलीस स्टेशन लाखनी
 जिल्हा भंडारा