

FORM COMP AA REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	270/2025, SECTION 281,125(A),125(B) BNS 2023 R/W 184 M.V. ACT.
Date, Time & Place of accident:	18/07/2025, 20.30 , NH-53 GADEGAON ON FLYOVER BRIDGE
Name of the Injured/Deceased:	INJURED - KAMLESH CHUNNILAL KUPWAS, AGE - 22 YEAR, AT - MANEGAON/SADAK TA - LAKHANI, DIST - BHANDARA
Name of Hospital to which he/she was removed:	DISTRICT HOSPITAL BHANDARA TO LAKSHA HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH-36/AJ-3316, ACTIVA 6G DLX TWO WHEELER
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:	KAMLESH CHUNNILAL KUPWAS, AGE - 22 YEAR, AT - MANEGAON/SADAK TA - LAKHANI, 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:	ASHA RAMESH MESHRAM, AGE - 47 YEARS, AT - LAKHANI, MO.NO.9405560700
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	ICICI LOMBARD MOTOR INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3005/2011772893/00/0000015181 , DATED 20/10/2021 TO 19/10/2026 MIGNIGHT
Action taken,if any,and the result thereof:	F.I.R. LODGED

Inspector of Police
पोलीस निरीक्षक
पो. ठाणे लाखनी जि. भंडारा

