

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

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	249/2025
Date, Time & Place of accident:	Date 20/08/2025 Time 10.45 Am
Name of the Injured/Deceased:	Ashok Kevalram Shinde
Name of Hospital to which he/she was removed:	Rural Hospital Lakhandur & Kapgate Hospital Bramhapuri
Number of vehicles and type of the vehicle:	MH 36 AJ 9359 HERO SPLENDOR PLUS
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:	Aadinath Shrikrushna Jambhulkar
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:	Ms. Radha Shrikrushna Jambhulkar
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Reliance General Insurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	993792223750066421 VALID UPTO 03.04.2027
Action taken,if any,and the result thereof:	249/2025

Inspector of Police