



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	241/18 SECTION 279, 337, 429 IPC R/W 185, 184 MVA CT
Date, Time & Place of accident:	29/09/18, 18:00 HRS, BORGAON
Name of the Injured/Deceased:	INJURED- URMILA RATIRAM NIRWAN , AT- BORGAON TAH-LAKHANI, DIST-BHANDARA
Name of Hospital to which he/she was removed:	GRAMIN RUGNALAY LAKHANI
Number of vehicles and type of the vehicle:	FOUR WHEELAR MH 36/H7226
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:	RAKESH CHHAGAN THAKARE, AGE 30 YRS, RAJEGAON/MOR TAH- 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:	RAKESH CHHAGAN THAKARE, AGE 30 YRS, RAJEGAON/MOR TAH- LAKHANI, DIST- BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	TATA AIG GENERAL INSURANCE COMPANY LTD MUMBAI
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	015863074400, DATE 11/08/18 TO 10/08/19
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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