



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	228/18 SECTION 279, 337, 304(A) IPC R/W 184 MVACT
Date, Time & Place of accident:	10/09/18, 05:30 HRS, RAJEGAON/MIDC
Name of the Injured/Deceased:	DEATH- RAJKUMAR GAUR DAS, AGE 23 YRS, AT- SHWETPUR, DIST- UTTAR (WEST BENGAL)
Name of Hospital to which he/she was removed:	GRAMIN RUGNALAY LAKHANI
Number of vehicles and type of the vehicle:	TRUCK NO WB25/H7560
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:	BANKU SHAMBHU DAS, AGE 23 YRS, AT-UTTAR DURGPUR (WEST BENGAL) LICENCE NO. WB-0120130619846
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:	SHAHADUL ABUSAM MUND ISLAM, AGE 33 YRS, AT- MAHADEBPUR, MASUNDA, AMARDANGA, NORTH 24 PARGANA(WEST BENGAL)
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	CHAULAMANDALAM MS GENERAL INSURANCE COMPANY LTD KOLKATA
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3379/02049236/000/00, 31/05/2019
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

* System generated document no signature required