

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 276/2021 SECTION 279 338 IPC R/W 184 M.V. ACT
Date, Time & Place of accident:	Date - 01/12/2021 10/30 Hrs, NH 53, ROAD MANEGAON
Name of the Injured/Deceased:	INJURED NAME - PARSHANT UMRAO LUTE AGE 27 YEARS AT REGOLA TO LAKHANI DIST BHANDARA
Name of Hospital to which he/she was removed:	RULAR HOSPITAL LAKHANI TO DISTRICT HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	CAR MH 49 / U 0424
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:	REVATBODHI NAMOJ SONTAKKE AGE 30 YEARS AT H NO 3370/126/A PADOLE NAGAR WATHODA ROAD NEAR YOUGHESH KIRANA STORS WATHODA LAYOUT NAGPUER
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:	NAME -RAJANDRA MADHUKAR KALE AGE 45 YEARS AT P NO 65 SHRI NAGAR NANDAWAN OPP SACHIN BAR NAGPUR
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	SBI GENERAL INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	R 135367857 DATE -27/08/2021 TO 26/08/2022
Action taken,if any,and the result thereof:	FIR LODGED



Inspector of Police
पोलीस निरिक्षक
पोलीस स्टेशन लाखणी