


FORM COMP AA
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	140/2024 SECTION 279,304(A) IPC RW 184
Date, Time & Place of accident:	DATE - 05/04/2024 01/00 HRS, GRAM MASLMRTA ROAD ROAD
Name of the Injured/Deceased:	BIPIN SRESH LANJEWAR AGE 35 YEAR AT- SAMNAPUR ,TA_ DIST- BALAGHAT STAT-M/P
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	PIKUP ASHOK LEYLAND DOSTPLUS LS MH 35 AJ 2859
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:	MANOUJ UDYALAL PARATEKI AGE 25 YEAR AT- WARD NO. 1 ,KARANUA TA- DIST- GONDIA
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:	NIKITESHKUMAR SHANKAR BAEANTHADE AGE 27 YEAR AT- KRISHNA TEMPLE KARANUA AT- DIST- GONDIA 441601
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	FUTURE GENERALI INDIA INSURANCE CO. LTD AT- 12 WARDHA ROAD PANCHSHEEL SQUARE NAGAPUR MAHARASTRA 440010
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	VC826951 VALID DATE 06/04/2025
Action taken,if any,and the result thereof:	FIR LODGE


 Inspector of Police
 पोलीस निरीक्षक
 पोलीस स्टेशन लखणी
 जिल्हा भंडारा