



## FORM COMP AA

## REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 450 / 2024 SECTION 281, 125(B) B.N.S.2023 RI/W 184 M.V.ACT
Date, Time & Place of accident:	DATE- 3/11/2024 09,00 HRS. PLACE - MUNDIPAR / SADAK N.H.53 ROADD
Name of the Injured/Deceased:	INJURED - 1 ) MOTILAL DEVLAL SHAHU AGE 59 YEAR AT- NAGPUR TAH + DIST - NAGPUR
Name of Hospital to which he/she was removed:	SUB DISTRICT HOSPITAL SAKOLI TO LAKSHA HOSPITAL BHANDARA TO MEYO HOSPITAL NAGPUR TO MEDICAL COLLEGE NAGPUR
Number of vehicles and type of the vehicle:	CG 22 H 9099 RENAULT DUSTER
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:	MAHESHKUMAR MAGAURAM NETAM AGE 32 YEAR, AT- SUKURPAL POST JOBA TAH + DIST- KONDAGAON (CG)
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:	SUNIL MELARAM KURRE AGE 35 YEAR, AT+TAH + DIST- KONDAGAON (CG)
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 COMPANY LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO. 920222423110360744 DATE - 18/02/2024 TO 17/02/2025
Action taken,if any,and the result thereof:	FIR LODGED

  
 Inspector of Police  
 Police Station Lakhani