

**FORM COMP AA****REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	39/2025 SEC 281, 125(A) BNS R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	17/02/2025 TIME 17.15 PM AT MADEGHAT FATA LAKHANDIUR
<b>Name of the Injured/Deceased:</b>	GAJANAN HIRALAL THAKRE, AGE 61 Y, AT. LAKHANDUR, TA. LAKHANDUR, DIST. BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur] Dist- Bhandara /
<b>Number of vehicles and type of the vehicle:</b>	1) MH 36 Q 5529 PASSION PRO, 2) BAJAJ PULSAR NS MH 33 AH 2898
<b>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:</b>	1) GAJANAN HIRALAL THAKRE, AGE 61 Y, AT. LAKHANDUR, TA. LAKHANDUR, DIST. BHANDARA, 2) PRATIK NUBHASH KHARKATE, AGE 20 AT. RAMPURA ( CHAK ), TA. AARMORI, DIST. GADCHIROLI
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	1) MH 36 Q 5529 PASSION PRO - GAJANAN HIRALAL THAKRE, AGE 61 Y, AT. LAKHANDUR, TA. LAKHANDUR, DIST. BHANDARA, 2) BAJAJ PULSAR NS MH 33 AH 2898 - RAJU TULSHIRAM THAKRE, TA. AT. RAMPURA ( CHAK ), TA. AARMORI, DIST. GADCHIROLI
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	BAJAJ AALIANCE GENERAL INSURANCE COMPANY
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	OG 25 8039 1826 00000825
<b>Action taken,if any,and the result thereof:</b>	39/2025 SEC 281, 125(A) BNS R/W 184 MV ACT

Inspector of Police