



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 40 /2021 SECTION 279 ,337, 338 IPC R/W 184 M.V. ACT
Date, Time & Place of accident:	Date - 27/02/2021 05/40 Hrs, NH 53 ROAD MANEGAON/ SADAK
Name of the Injured/Deceased:	INJURED -1) NANDKISHOR BHONGADE AGE 50 YEAR, AT- LAKHANI TAH- LAKHANI 2) PRATIK SURENDRA PANDE AGE 39 YEAR AT- RAIPUR (C.G.) 3)RAJESH BHAI PANDE AGE 55 YEAR AT- RAIPUR (C.G.) 4) JIVRAJ SHAVARAI AGE 48 YEAR AT- RAIPUR (C.G,)
Name of Hospital to which he/she was removed:	RULAR HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	CAR CG 04 MT 2998
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:	PRATIK SURENDRA PANDE AGE 39 YEAR AT- RAIPUR (C.G.)
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:	PRATIK SURENDRA PANDE AGE 39 YEAR AT- RAIPUR (C.G.)
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	MARUTI INSURANCE COMPANY
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	901138401/R127354585 DATE 16/02/2021 TO 15/02/2022
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

* System generated document no signature required