



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 21 /2021 SECTION 279 337 IPC R/W 184 M.V. ACT
Date, Time & Place of accident:	Date - 06/11/2020 08/00 Hrs, NH 53, ROAD KHUTSHAVRI FATA
Name of the Injured/Deceased:	INJURED- ANIL ISHWAR NARNAWARE AGE 54 YEAR, AT - SALEBARDI TAH, DISTT- BHANDARA
Name of Hospital to which he/she was removed:	Rular Hospital Lakhani To Laksha Hospital Bhandara
Number of vehicles and type of the vehicle:	CAR MH 49 / B 8180
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:	VISHWAJIT CHAITRAM KHOBRAGADE AGE 35 YEAR AT- KAMAL CHOWK MATA MANDIR NAGPUR
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:	VISHWAJIT CHAITRAM KHOBRAGADE AGE 35 YEAR AT- KAMAL CHOWK MATA MANDIR NAGPUR DISTT- NAGPUR
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	UNITED INDIA INSHURANCE COMPANY LIMITED, KAMPTEE ROAD NAGPUR
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2301853120P112729433 DATE- 4 FEB 2021 TO 3 FEB 2022
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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