



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

| | |
|--|---|
| Police Station: | LAKHANDUR |
| CR.No./TAR NO./SDE NO: | 58/21 ART-279,338 IPC RW 134/187,3/181 MV ACT |
| Date, Time & Place of accident: | On 10/03/2021 Time 10:00 To 10:15 Bhagadi-Parsodi Road At-Bhagadi |
| Name of the Injured/Deceased: | Injured Name-Mrs Alka Vinayak Moharkar Age-35 At-Bhagadi Tq-Lakhandur Dist-Bhandara |
| Name of Hospital to which he/she was removed: | Rural Hospital Lakhandur And New Life Multispeciality Hospital Bhandara |
| Number of vehicles and type of the vehicle: | FOUR WHEELER MH-36 F-2429 |
| 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: | Rama Laxman Kawadkar Age-30 Yrs At-Teli Mendha Paharni Tq-Nagbhid Dist-Chandrapur |
| 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: | Premlal Bhagwan Arikar Age-40 At-Nerla Tq-Pauni Dist-Bhandara |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | Bajaj Alliance General Insurance Company Ltd Pune |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | OG-21-3741-1803-00000094 DATED 26/11/21 |
| Action taken,if any,and the result thereof: | Investigation Completed Court Case No- 207/21 15/07/21 |

Inspector of Police

* System generated document no signature required