



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	151/2021
<b>Date, Time &amp; Place of accident:</b>	Date 15/06/2021 Time 15/00
<b>Name of the Injured/Deceased:</b>	Injured/- Sangharsh Mahendra Khobragade Age 17 Year At Kumbharinagar Gondiya
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur
<b>Number of vehicles and type of the vehicle:</b>	MOTAR CYCLE HERO HF DELEX MH -35 AQ-2216
<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>	Mahendra Budharam Khobragade Age 45 Year At Kumbharinagar Gondiya
<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>	Mahendra Budharam Khobragade Age 45 Year At Kumbharinagar Gondiya
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Icic Lombard Motar Insurance Broker Hero India
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3005/49716650/10736/000 VALID DATE 01/01/2021 TO 31/12/2021
<b>Action taken,if any,and the result thereof:</b>	Cr 151/21 Section 279,337,ipc R/w 184 Mv Act

Inspector of Police

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