



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. 187 / 2021 SECTION 279, 338, 304 (A) IPC R/W 184 M. V, ACT
Date, Time & Place of accident:	DATE -15/08/2021 12/00 HRS, GADEGAON N H 53 ROAD
Name of the Injured/Deceased:	DEATH- VISHAL BHAGVAT MUNGMODE AGE 20 YEAR, AT -JAMBHALI/ KHAMBA TAH- SAKOLI DIST- BHANDARA
Name of Hospital to which he/she was removed:	RURAL HOSHPIAL LAKHANI TO VYAS HOSPITAL BHANDARA TO DISTRICT HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MOTOR CYCLE MH 36 / A 0013
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:	KARAN ANIL BHAISARE AGE 21 YEAR, AT- SENDURWAFI TAH- SAKOLI DIST- BHANDARA
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:	KARAN ANIL BHAISARE AGE 21 YEAR, AT- SENDURWAFI TAH- SAKOLI DIST- BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	MAGMA HDI GENERAL INSHURANCE COMPANY LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	P0022200024/4113/100523 DATE - 28/07/2021 TO 27/07/2022
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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