



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	ANDHALGAON
<b>CR.No./TAR NO./SDE NO:</b>	154/2021 SECTION 279, 304(A), R/W 134 M.V. ACT
<b>Date, Time &amp; Place of accident:</b>	26/08/2021 At 19/00 To 19/05
<b>Name of the Injured/Deceased:</b>	Mahendra Gopala Nimje Age 60 Year At Mohadi DistrictBhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	TVS STAR CITY NO. MH 32/AG-8167
<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>	Ashok Baliramji Lute Age 54 Year At Tanga Tq Mohadi Dist Bhandara
<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>	Rahul Diwakar Dhole At Sirpur Tq Samudrapur Dist. Wardha
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ICICI Lombard
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	INSURANCE IS LAPSE
<b>Action taken,if any,and the result thereof:</b>	In Ivestigaton

Inspector of Police

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