



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	316/2021 SEC 279,304 A IPC RW 184 MVA ACT
Date, Time & Place of accident:	04/11/2021 - 21.00 To 21.30 ,PLACE- MANDHAL, TA-LAKHANDUR,DIST-BANDARA
Name of the Injured/Deceased:	JAGDIS LALAJI TEMBHURNE AGE 31 YEAR AT MANDHAL,TA - LAKHANDUR,DIST BHANDRA
Name of Hospital to which he/she was removed:	NILL
Number of vehicles and type of the vehicle:	MH 36 L 1360
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:	SHIVSANKAR KESHV MANAPURE AGE 19 YAER AT MANDHAL,TA LAKHANDUR 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:	SUBHASH GOVINDA MANAPURE TA DABA TA BHANDTA DIST BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	DIGIT -GO DIGIT GENRAL INSURANNCE LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	DO39230574/01072021
Action taken,if any,and the result thereof:	INVISTIGATION IS IN PROGRESS

Inspector of Police

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