



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	140/2022 SECTION 279,304(A) IPC RW 184 MV ACT
Date, Time & Place of accident:	DATE 24/07/2022 18/30 HRS NANHORI TO MOGRA ROAD NEAR NAG MANDIR
Name of the Injured/Deceased:	(DEATH) DISHA SURESH KAMBALE AGE 34 YEAR AT MOGRA TAH-LAKHANI DIST-BHANDARA
Name of Hospital to which he/she was removed:	RULAR HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	SWARAJ TRACTOR (NEW) COLOR-BLUE
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:	RAJESH DAJIBA KULMATE AGE 30 YEAR AT PALASGAON TAH-LAKHANI 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:	VINOD ADYAN SELOKAR AGE 35 YAER AT PALASGAON TAH-LAKHANI DIST-BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	GO DIGIT GENERAL INSURANCE LTD
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO.- D069866197/14072022 DATE 14/07/2022 TO 13/077/2023
Action taken,if any,and the result thereof:	FIR LOD GED

Inspector of Police

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