



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 0162 /2022 SECTION 279, 337,338 IPC R/W 184,134,177 M.V. ACT
Date, Time & Place of accident:	Date - 15/08/2022 18/30Hrs, REGNEPAR/KAOHLI , ROAD
Name of the Injured/Deceased:	NAME - SACHIN SUDHAKAR DHIGORE AGE 28 YEAR , AT- PINDKEPAR TQ- SAKOLI DIST -BHANDARA
Name of Hospital to which he/she was removed:	VIGHNAHARTA ORTHOPEDIC AND DENTEL Hospital Bhandara
Number of vehicles and type of the vehicle:	CAR MH 36 H 1803
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:	NAME - ASHISH SHAILESHKUMAR KMBLE AGE -32 YEAR AT- DHABETEKDI TQ- 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:	NAME - PERMDAS B. MESHARAM AGE -60 YEAR AT- DHABETEKDI TQ- 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:	HDFC ERGO GENERAL INSURANCE COMPANY LIMITED
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO- 23191012 1885 4200000 DATE 07/07/2022 TO 06/07/2023
Action taken,if any,and the result thereof:	FIR LONGD

Inspector of Police

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