



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	220/2022 SEC 279,304 A IPC R/W 184,3/181 M.V.ACT
Date, Time & Place of accident:	20/10/2022 AT 18/30 PM NH 53 ROAD JANSUVIDHA KENDRA, MANEAON
Name of the Injured/Deceased:	Deceased-HEMANT PARASRAM GAYDHANE AGE 36 YRS AT POST MANEGAON
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI-GENRAL HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	ONE ,MARUTI SUZUKI SWIFT CAR MH 36/F 7415
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:	RAHUL PRAKASH BORKAR AGE 28 YRS AT POST KESHORI TAL.ARJUNI MORGAON DIST GONDIYA
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:	BABURAO SHANKAR NAKADE AFE 55 YRS AT POST PRAGATI COLNY SAKALI
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	THE NEW INDIA ASSURANCE CO.LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	98000031220312154554 DATE-14/10/2023
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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