



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	221/2022 SEC 279,304 A IPC R/W 184,134B/187 M.V.ACT
Date, Time & Place of accident:	23/10/2022 AT 05/30 AM NH 53 ROAD GADEGAON FATA
Name of the Injured/Deceased:	Deceased-SUDHARAM KALAPRAM KAVAR AGE 52 YRS AT POST ASARA,TAH DONGARGAON,DIST RAJNANDGAON,STATE CHHATISGADH
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	ONE ,TATA MODEL LPT909 TRUCK ,MH 09/BC1690
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:	AMOL JAYVANT JADHAO AGE 25 YRS AT POST CHISTALA TAL.MANORA DIST WASHIM
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:	DINESH MAHADEV JADHAO AFE 40 YRS AT POST CHISTALA TAL.MANORA DIST WASHIM
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	ROYAL SUNDARAM GENERAL INSURANCE CO.LTD. Mr.A.Kohali ,Naurang Ground Floor,Karwa Arcade,Near Parsharee Hospital,Bus Stand Khaparde Garden MY Amaravati 444601 GSTIN:27AABCR7106G1ZJ
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	VGT0218553000100 DATE-30/10/2022 TO 29/10/2023
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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