



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR NO.181/2021 SECTION 279,304(A) IPC R/W 184 M.V.ACT
Date, Time & Place of accident:	DATE 13/09/2022, 01/45 HRS. LAKHANI UDDAN PULIYA NEAR POLICR STATION LAKHANI
Name of the Injured/Deceased:	DEATH- RANJANKUMAR PARMESHWAR YADAV AGE 24 YEAR,AT-MANGOVANDAN DIST JAMUI STATE BIHAR
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	TRUCK WB 23/ D 4814
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:	RANJANKUMAR PARMESHWAR YADAV AGE 24 YEAR,AT- MANGOVANDAN DIST JAMUI STATE BIHAR
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:	DUDHNATH PRASAD GUPTA AT 110/71UTTARAYAN HOUSING ESTATE B T ROAD KOLKATTA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	GO DIGIT GENARAL INSURANCE LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY NO. D054415105/12012022 VALID- 12 JAN 2022 TO 11 JAN 2023
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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