



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	325/023 SEC-279,337,338 IPC
Date, Time & Place of accident:	27/08/023 10/00 HRS Near By Vidarbha Playwood Stoar N.H.53 Highway Road
Name of the Injured/Deceased:	Mahendra Govardhan Katare Age 50 Year AT- Murmadi/sawari Ta- Lakhani Dist- Bhandara
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI TO LAKSHA HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MOTER CYCLE MH 36 A.K.1020
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:	Rajkumar Raghuvir Prasad Age 45 Year At- Gunthara TA-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:	Rajkumar Raghuvir Prasad Age 45 Year At- Gunthara TA-DIST- Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Hero Insurance Broking India Pvt.Ltd
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	993792223750090855 VALIDITY DATE 27/05/027
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

* System generated document no signature required