



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	297/2023 SECTION 279,337 IPC R/W 184 MV ACT
Date, Time & Place of accident:	28/09/2023 Time 12.15 PM
Name of the Injured/Deceased:	Name Of Injured Person - Shivani Chaitram Funde
Name of Hospital to which he/she was removed:	Rural Hospital Lakhandur And Then Refer To General Hospital Bhandara
Number of vehicles and type of the vehicle:	1) MH36AF 3271 2) MH36V2501
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:	1) Prashant Vinayak Shinde, At. Po. Dokedarandi, Ta. Lakhandur, Dist. Bhandara 2) Chaitram Harichandra Funde, At. Po. Khairi/ Pat, Ta. Lakhandur, 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:	AT. PO. DOKESARANDI, TA. LAKHANDUR, DIST. BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	ICICI LOMBARD MOTOR INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3005/47541386/10322/000 VALIDATE 11/02/2025
Action taken,if any,and the result thereof:	297/2023 Section 279,337 IPC R/W 184 MV ACT

Inspector of Police

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