



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	DIGHORI
<b>CR.No./TAR NO./SDE NO:</b>	CR NO. 106/2023 SECTION 279,337,338 IPC R/W 184,184 MVA
<b>Date, Time &amp; Place of accident:</b>	At Tavshi NH 353 C Date 30/10/2023 At 05/30 PM
<b>Name of the Injured/Deceased:</b>	1) Muskan Devratan Walade Ahe 16 Year 2) Triveni Devratan Walade Age 19 Year At Tavshi TQ Lakhandur Dist Bhandara
<b>Name of Hospital to which he/she was removed:</b>	PHC Dighori, GH Bhandara
<b>Number of vehicles and type of the vehicle:</b>	1 MOTAR CYCLE , 2 CYCLE
<b>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:</b>	Jitendra Tejram Shende Age 33 Year At Sakhara TQ Lakhandur Dist Bhandara
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Tejram Deaji Shende Age 54 Year At Sakhara Tq Lakhandur Dist Bhandara
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ICICI Lombard
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3005/26200477/10322/000 VALID 27/01/2015 TO 26/1/2016
<b>Action taken,if any,and the result thereof:</b>	In Investigation

Inspector of Police

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