

FORM COMP AA

[See Rules 253©,254(c) (iii)]254(80) 255(1)(iv)]

REPORT ABOUT MOTOR VEHICLE ACCIDENTS

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| 1. Name of the Police Station | :- | Police Station Girad Dist. Wardha |
| 2. CR NO/TAR No/SDE No | :- | 287/2023 Sec. 279, 337, 338 IPC r/w sec.184 MVAct |
| 3. Date, Time and place of accident | :- | Date- 12-10-2023, Place of accident –Khapri to Kora Road, Mouja Ghuie Shet Shiwaar, Near Gunde Farm Tal. Samudrapur, Dist. Wardha |
| 4. Name of the injured /deceased | :- | Injured 1- Ramesh Narayan Lokhande. Age 68 Year, At. Kora, Ta. Samudrapur, Di. Wardha. |
| 5. Name of the Hospital to which he/she was removed | :- | P.H.C. Kora. Ta. Samudrapur, Dist. Wardha. Remove To Aaims Hospital, Khapri, Nagpur. |
| 6. Number of vehicles and type of the vehicle | :- | 1) MH 32 M 6764 TVS Luna 2) MH 32 AS 5869 Mahindra Tractor |
| 7. Name and address of the Driver of vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the inssuing Authority of the said Badge. | :- | Mangesh Jivtode. At. Khapri, Ta. Samudrapur, Dist. Wardha |
| 8. Name and address of the Owner of the vehicle as it stands on the date of the accident | :- | Ramesh Narayan Lokhande. Age 68 Year, At. Kora, Ta. Samudrapur, Di. Wardha. |
| 9. Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Company. | :- | MH 32 AS 5869 Mahindra Tractor Onwar name – Shubham Arvind Dhudhe, At. Khaori, Ta. Samudrapur, Dist. Wardha. Insurance Company Name – ICICI Lombard Policy no- 3008/280750465/00/000 |
| 10. Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate | :- | Date of Validity of the Insurance Policy – 17/02/2023 Timing 11/10 To 16/02/2024 |
| 11. Action taken, if any and the result thereof | :- | 287/2023 Sec. 279, 337, 338 IPC r/w sec.184 MVAct Registered at Girad Police Station |
| N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report. | | |