

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	374/2025
Date, Time & Place of accident:	17/12/2025 Time 19.30 To 20.00 PM
Name of the Injured/Deceased:	Mahadev Kishan Meshram, Age 62 Y, At. Po. Lakhndur, Dist. Bhandara
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANDUR
Number of vehicles and type of the vehicle:	1) MH 36 AJ 8514 ACTIVA, 2) MAHINDRA PICKUP TS 20 T 9945
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) Mahadev Kishan Meshram, Age 62 Y, At. Po. Lakhndur, Dist. Bhandara 2) Kamlakar Jogaji Dhandre, Age 30 Y, At. Vyankatrao Peth, Ta. Shirpur, Dist. Korambbheem
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:	1) MH 36 AJ 8514 ACTIVA - Mahadev Kishan Meshram, Age 62 Y, At. Po. Lakhndur, Dist. Bhandara 2) MAHINDRA PICKUP TS 20 T 9945 - Mahalaxmi Mrutyumjai Bachad
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	IFFCO-TOKIO GENERAL INSURANCE CO.LTD Regd. Office: IFFCO Sadan C1 Distt. Centre, Saket, New Delhi - 110017
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY #: 1-67WX7FD5 P400 POLICY # N4302171
Action taken, if any, and the result thereof:	Accident Registered

Inspector of Police