FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO- 173/2024 us/281 muact 184
3	Date, Time and Place of the accident	Date- 06/09/2024 Time- 08.30 A. M. Place- Mumbai to goa road near by MAJGAO
4	Name of the Injured/Deceased	No Injury
5	Name of the Hospital to which he/she was removed.	No Hospitlise
6	Number of the vehicles and type of the vehicle.	3) St Bus number - MH-13-CU-8340 4) ICHER TEMP - MH-12-SX-8697
7	Name of the address of the driver of the 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 Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	1) St Bus number - MH-13-CU-8340 DRIVER - DEVIDAS KISAN RATHOD, AGE 40 YEARS, AT POST KUDAL, TAL KUDAL D. L - MH25 20100014700 2)ICHER TEMP - MH-12-SX-8697 SANJAY DANGU MUNGE, AGE 34 YEARS, AT POST BHOSARI, PUNE D. L - MH14 20140023586
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) St Bus number - MH-13-CU-8340 ST DEPO SAWANTWADI 2) ICHER TEMP - MH-12-SX-8697 OMKAR CONTRACT SERVICES LLP
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	No Insurance TATA AIG GENERAL INSURANCE COMPANY LIMITED
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) No Insurance 2) TATA AIG GENERAL INSURANCE COMPANY LIMITED POLICY NUMBER - 63009059300000 24/09/2024
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(s.s. patil, hc/1005)
Sawantwadi police station

N.B.-This form should accompany with all the necessary document viz (1)F.I.R. (2) Panchanama, ~~(3) Medical certificate/Post mortem report~~.