FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	:-	Kankavali Police Station
2.	CR. NO. TAR No./ SDE No.	:-	CR NO.332/2024 IPC-281,125(a), M.V.Act 184
3.	Date, Time and place of the accident.	:-	Date – 17/11/2024 Time -08:00 Place-Nadgive, Goa To Mumbai Highway, Tal-Kankavali
4.	Name of the Injured /Deceased	:-	Deceased - Sheshanath lalta chouhan. ,A/P-Yakubpur,Dist- Mau.State-Uttarpradesh
5	Name of Hospital to which he /she was removed.	:-	Civil Hospital,Oras Sindhudurgnagri
6.	Number of vehicles and type of the vehicle.	:-	Truck-MH 16 CL 1341.
7	Name and 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 Public Service Vehicle and the address of the Issuing Authority of the said Badge	:-	Sheshanath lalta chouhan. ,A/P-Yakubpur,Dist-Mau State-Uttarpradesh; Licence- India Union of driving licence Licence No-UP54 20050005898
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sheshanath lalta chouhan, ,A/P-Yakubpur,Dist-Mau.State-Uttarpradesh
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Reliance Commercial Vehicle (GCV Other than 32 Wheelers Public)Package Policy Vashi nav Mumbai,Thane Maharashtra 400703.
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	:-	**Number of Insurance Policy-** 111022423340034865 **Date of Validity**- 01/10/2024 TO 31/08-2025
11	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent To Court.

Inspector of Police.
Kankavali 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.