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	:-	BANDA
2.	CR. NO./TAR No./ SDE No.	:-	155/2025 BNS- 281,125(a),3(5),303(2) mv act 184,187
3.	Date, Time and place of the accident.	:-	Date- 22/10/2025 Time-- 17.48 place-Degave Bhuikhanwadi tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Rajendra Bhikaji Deasai age-47 add-Degave Aambekhanwadi tal sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC Banda
6.	Number of vehicles and type of the vehicle.	:-	1)motarcykle no MH07 AD 7036 2) Dumpar no MH 07 AJ 4762
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.	:-	1) Rajendra Bhikaji Deasai age-47 add-Degave Aambekhanwadi tal sawantwadi DL No -NIL 2) SHubham suresh chavhan age-26 add-Pinguli Gudhipur tal Kudal DL No NIL
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Rajendra Bhikaji Deasai age-47 add-Degave Aambekhanwadi tal sawantwadi 2) SHubham suresh chavhan age-26 add-Pinguli Gudhipur tal Kudal
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) National insurance company limited policy No260201312519022872 2) The Oriental insurance company limited policy No 161609/31/2026/1638
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Mumbai Business Office ii First Floor Sterling cinema bulding 65 Murzaban street fort Mumbai 400001 2) 1 st floor Bobhate Bldg Pan Bazar Kudal Dist sindhudurg Maharashtra 416520
11.	Action taken, if any, and the result thereof.	:-	police Invastigation

Ass.Inspector of Police,
Banda Police Station.