FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Kankavli
2	CR.NO./TAR No./SDE No.	207/2025 BNS 281, 125(a),125(b), mvact 184
3	Date, Time and Place of the accident	Date of accident- 05/08/2025 Time of accident – 07:30 am Place of accident – Nandgoan Bidayevadi on Bombay-goa highway Road, Mumbai to Goa len, Tal-kankavali, dist-sindhudurg
4	Name Of the Injured/Deceased	1. Vinod Divakar Morye, (Injured)
5	Name of Hospital to which he/she was removed	1. PHC Nandgoan. 2. Nagvekar Hospital, Kankavali 3. WINS Hospital, Kolhapur
6	Number Of Vehicles and type of the vehicles	1. Laxury Sleeper Bus reg.no. MH-12-TV-2346. 2. Activa motar cycle reg.no. MH-07-AP-9025.
7	Name and address of the Driver of the vehicle with particulars or Driving License of the **saod** driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge	Mahesh Shankar Rathod, Age 28 Yrs, AT/Post- Kalmad SLT, Tal- Ramadurg, Dist- Belagavi State- Karnataka. Driving License No.KA22 20150008683. (MH22 – RTO Belagavi (Belgaum) Maharashtra) Travels Laxury Bus reg.no. MH-12-TV-2346.
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	Vijayanand Travels PVT. LTD. AT/Post- S NO.58/2/3 Katraj Raod Wadgaon Budruk Near Navale Bridge, Pune, MH411041.
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company	**Name of insurance policy**- The New India Assurance Co.Ltd. **Add.of Inshurance policy**- 2nd Floor, Srinath Complex, Deshpande Nagar, New Cottan Market, Huballi, Karnataka- 580020.Phone-8362256118 Email- Nia.679002@newindia.co.in.
10	Number of Insurance Policy/ Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate.	Inshurance policy no.- 672800312401000106 33. Period of Insurance policy – 23/01/2026.
11	Action taken, if any, and the result there of	Kankavli police station CR.no.207/2025 BNS 281, 125(a),125(b), mvact 184 is ragisterd. Inspecter of Police Kankavali Police Station

N.B- This form should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical certificate/Post Mortem Report