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	:-	Devgad Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR No-91/2026
3.	Date, Time and place of the accident.	:-	Date- 10/07/2026 At-19.15 PM Front Of Dolfine Beer Shop, jamsande Tal-Devgad
4.	Name of the Injured /Deceased	:-	Milind Shamrao Ghadi
5.	Name of Hospital to which he /she was removed.	:-	Rural Hospital Devgad
6.	Number of vehicles and type of the vehicle.	:-	01- TVS Jupiter No- MH 07 AQ-0365
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.	:-	Milind Shamrao Ghadi Age-47, At Psot-Talvade, Ghadiwadi Tal Devgad
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Milind Shamrao Ghadi Age-47, At Psot-Talvade, Ghadiwadi Tal Devgad
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	TATA AIG GENERAL INSURANCE COMPANY LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Insurance Policy No- 064001/0174013732 Date of Validity- 31/03/2022 To: 30/03/2023
11.	Action taken, if any, and the result thereof.	:-	Police Invession

Inspector of Police,

.पोलीस ठाणे..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.