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	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.89/2024,IPC - 279,337 MVA-184,185(B)
3.	Date, Time and place of the accident	:-	Date – 10/05/2024 Time – 16.30 Place- A/P AMBOLI GHAT TAL-SAWANTWADI DIST - SHINDHUDURG
4.	Name of the Injured /Deceased	:-	1. VINAYAK MAHARUDRA KUMBAR (Injured)
5.	Name of Hospital to which he /she was removed.	:-	DIYAA HOSPITAL CHIKODI DIST-BELGAUM
6.	Number of vehicles and type of the vehicle.	:-	1. SKODA AUTO VOLKSWAGEN INDI KODIAQ L&K 2 0TSI AT REGN NO. KA-23-P-3024 2. TATA MOTORS LTD LPT 1613/42 REGN NO. KA-22-C-2273
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. ANIL RAMACHANDRA MARYAYI A/P. NAGARAMUNNOLI TQ-CHIKODI DIST BELGAUM KA591222 License No.- KA23 20180001346 Issuing Authority- RTO CHIKKODI 2. BASAVARAJ BASAPPA TADKODI A/P. 393,FURAYA INI AKKATANGERHAL GOKAK DIST BELGAUM 591101 License No.- KA22 20020007427 Issuing Authority- BELAGAVI (KA22)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. KA-23-P-3024 :- DNYANESHWAR MAHARUDRAPPA KUMBAR A/P. NAGARAMUNNOLI TQ-CHIKODI DIST BELGAUM KA591222 2. KA-22-C-2273 :- RAHUL SHRIKANT JAMBOTKAR C/O.PRAKASH A PATIL BHANDUR GALLI BELAGAVI 590001
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1. KA-23-P-3024 :-. Royal Sundaram General Insurance Co.Limited. 2. KA-22-C-2273 :- SBI GENERAL INSURANCE
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1.Policy no. VPLC049861000100 Period of Insurance- 28/04/2023 to 27/04/2026 2. Policy no. POCMVGC0100017247 Period of Insurance- 11/10/2023 to 10/10/2024
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station