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
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 184/2024, BNS-279,337,338,M.V.ACT-184
3.	Date, Time and place of the accident.	:-	Date-09/06/2024 TIME-20.00 Place- Kharepatan, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured-1) Ujjwala Arjun Naik, Age -25. A/P- Parabwadi,Tal-Kankavali 2) Anant Mahadev Dhavan,Age-28,A/P- Kalmath,Tal-Kankavali
n	Name of Hospital to which he /she was removed.	:-	Nagvekar Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Jupiter Scooty-MH 07 AT 0478 Unicon 2 Wheeler- MH 05 BZ 4168
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.	:-	Ujjwala Arjun Naik, Age -25, A/P-Parabwadi,Tal-Kankavali (Jupiter Scooty-MH 07 AT 0478) Sandesh Rajaram Parab,Age-29,A/P-Kalyan Thane (Unicon 2 Wheeler- MH 05 BZ 4168) License.- The union of india maharashtra state Motor driving licence License No.-MH0520130033947 Issuing Authority-MH052013104
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Gaurav Vilas Modak,A/P- Sukalwad,Tal-Malvan (Jupiter Scooty-MH 07 AT 0478) Rajaram Vishnu Parab, A/P-Kalyan Thane (Unicon 2 Wheeler- MH 05 BZ 4168)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Bajaj Allianz General Insurance Company Ltd.Andheri Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance	:-	Policy No-OG/24/1904/1306/00109673 Date-02/11/2023 To 31/10/2024

	Policy/Insurance Certificate.		
11.	Action taken, if any, and the result thereof.	:-	The charge sheet 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.