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		:-	Kudal
2.	CR. NO./TAR No./ SDE No.		:-	**405/2025**
3.	Date, Time and place of the accident.		:-	Date 02.12.2025 at 22.30 hrs. At- Pinguli Mumbai –Goa Highwey on road, kudal ,Tal- Kudal ,Dist-sindhudurg
4.	Name of the Injured / Deceased		:-	1) Krushna Ramesh Sherlekar , Age- 36 yrs (Injured) 2)Jainulabedin Ibrahim Khatal Age- 42 yrs (Injured)
5.	Name of Hospital to which he /she was removed.		:-	1) Rural Hospital Kudal, Tal Kudal Tal Kudal
6.	Number of vehicles and type of the vehicle.		:-	1) MH 08-7220 Eicher Pro 2) MH-07-AG-2610 Swipt
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) MH 08-7220 Eicher Pro** Krushna Ramesh Sherlekar Address-At. Sherle, Tal- Sawantwadi ,Dist-Sindhudurg. **Driving License –MH07 20090002670** **2) MH-07-AG-2610 Swipt** Bhushan Vijay Rane Address-At Kudal Sangirdewadi,Tal-Kudal **Driving License** – MH072010000260
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.		:-	**1) MH 08-7220 Eicher Pro** Suyash Santosh Nagavekar Address-At. Kadval,Kumbharwadi, Tal- Sangameshwar ,Dist-Ratnagiri **Driving License** – Paper not Avilable **2) MH-07-AG-2610 Swipt** Amit Vijay Rane Address-At Kudal Sangirdewadi,Tal-Kudal **Driving License** – MH072010000260
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.		:-	**1) MH 08-7220 Eicher Pro** Insu. Company – SBI General Co.Ltd Policy No-421400/31/2024/VL/10599 **2) MH-07-AG-2610 Swipt** Insu. Company – Turtlemint Insurance Beoking Services PL Policy No- 1000071074
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		:-	**1) MH 08-7220 Eicher Pro** Insu. Company – SBI General Co.Ltd Date – 30.07.2025 to 29.07.2026 (TP) **2) MH-07-AG-2610 Swipt** Insu. Company – TATA AIG General Insurance Company LTD Date - 31/05/2025 to 30/05/2026
11.	Action taken, if any, and the result thereof.		:-	Chargesheeted Court case no -

Police Inspector

kudal police station

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