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.	:-	63/2024
3.	Date, Time and place of the accident.	:-	09/03/2024 at 20.30 hrs. At- Front of Hotel Viva Kokan Zarap 0 Point, Tal Kudal
4.	Name of the Injured / Deceased	:-	1) Rama Ramesh Lotalikar, 46 yrs (Deceased)
5.	Name of Hospital to which he /she was removed.	:-	1) GMC Bambolim Goa
6.	Number of vehicles and type of the vehicle.	:-	GA 08 V 7964 Luxary
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.	:-	Arun Govind Tamhane, Adress- At Post-14 Fitwala road Saidham Nagar LFistant West Mumbai. Dilayal raod Mumbai License – MH0119790017017 RTO Mumbai South
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	GA 08 V 7964 Luxary Owner-Anthony Estratonico Rodrigues, Adress – Banda Assolna salcete South Goa
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	GA 08 V 7964 Luxary Insu. Company – National Insurance Company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	GA 08 V 7964 Luxary Insu. Company – National Insurance Company LTD Date – Not Available
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no. SCC- 287/2024

Inspector of Police,
kudal police station

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