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.		:-	**09/2026**
3	Date, Time and place of the accident.		:-	Date 11/01/2026 at 11.31 hrs. At-on kudal to Malavan Road near Kokanswad hotel Nabarwadi,Tal- Kudal ,Dist-sindhudurg
4	Name of the Injured / Deceased		:-	-
5.	Name of Hospital to which he /she was removed.		:-	-
6.	Number of vehicles and type of the vehicle.		:-	1) MH 04-FF-4790 XYLO
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 04-FF-4790 XYLO** **Name -** Rajendra Sadanad Koragankar , Age- 44 yrs Address-At. Masure, Koragankarwadi Tal-Malavan Present AddressWarangachi Tulasuli, Tal- Kudal,Dist- Sindhudurg **Driving License –** Paper not Avilable
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.		:-	**1) MH 04-FF-4790 XYLO** **Name-** Mangesh Anant Bobhate, Address-At. Bhirawande Gandhinagar Tal- Kanakavali,Dist- Sindhudurg **Driving License –** Paper not Avilable
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 04-FF-4790 XYLO** Insu. Company - Liberty Ganeral Insurance Limited Policy No- 20152002012570516050000 0
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		:-	**1) MH 04-FF-4790 XYLO** Insu. Company - Liberty Ganeral Insurance Limited Policy No- 20152002012570516050000 0 Date -07/09/2025 to 06/09/2026
11.	Action taken, if any, and the result thereof.		:-	Chargesheeted Court case no - out no 1973/2026 Date 12.03.2026

Police Inspector

kudal police station

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