**FORM COMP AA**

{ See Rules 253 (C), 254 (c)(iii), 254 (80 255 (1) (iv) }

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

| | | |
|---|---|---|
| 1 | Name of the Police Station | KANKAVLI |
| 2 | CR.NO./TAR No./SDE No. | CR NO.289/2024 u/s 106[1],281,125[A][B] of BNS,2023 r/w M.V.Act. u/s 184,134 |
| 3 | Date, Time and Place of the accident | Date-04/10/2024 , Time – 03.15 Pm ,Place- On devgad nipani road,Nandgaon washinwadi, Tal- Kankavali, Dist- Sindhudurg |
| 4 | Name Of the Injured/Deceased | 1) Ramjan Imam Satvilkar,age 39 years,add- At post Khalchi muslimwadi,Tal-Kankavli, Dist- Sindhudurg **(Deceased )**<br>2)Arjun Vilas Jadhav,age 24 years add- At post Nandgaon washinwadi, Tal-Kankavali, Dist- sindhudurg **(Injured)** |
| 5 | Name of Hospital to which he/she was removed | SDH,Kankavali |
| 6 | Number Of Vehicles and type of the vehicles | MH 12 HD 4856 [ASHOK LEYLAND],MH 07 Y 5795 [DREAM VUGA 2 WHEELER],MH 07 AK 5907 [SPLENDOR 2 WHEELER] |
| 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 | Driver Name – Dilip Maruti Vadar,age 40 years add- Shivaji nagar 6th lane,gargoti,,Tal.Bhudargad, Dist- Kolhapur.<br><br>Permanant Add. – add-Shivaji nagar 6th lane,gargoti,,Tal.Bhudargad, Dist- Kolhapur.<br><br>Driving liacence No MH09 20090058498 |
| 8 | Name and address of the Owner of vehicle as it stands on the date of the accident. | Owner Name - – Dilip Maruti Vadar,age 40 years add- Shivaji nagar 6th lane,gargoti,,Tal.Bhudargad, Dist- Kolhapur. |
| 9 | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company | Go Digit General Insurance Ltd<br>Add- Kolhapur business centre,office no ४०२,Emerald Corner,C.S.no १२२४-C,Plot no ५१-A,E Ward,Rajarampuri,Kolhapur.Pin- ४१६००८. |
| 10 | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | Insurance Policy No- D१६७४३३४६५/२७०९२०२४<br><br>Period of Insurance Policy - From २८/०९/२०२४ To २७/०९/२०२५ |
| 11 | Action taken, if any, and the result there of | Inspecter of Police<br>Kankavali Police Station |

**N.B-** This form should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical certificate/Post Mortem Report

Scanned with OKEN Scanner