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. 85/2025, BNS-106(1),125(a),125(b),281 M.V.ACT-181
3.	Date. Time and place of the accident.	:-	Date-04/04/2025 TIME-20.45 Place- Bordave, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured- Anil Aataram Ekavade. Deceased- Sachin Madhukar Kharat.Age 35, A/P-Pokharan,Tal-Kudal
n	Name of Hospital to which he /she was removed.	:-	Nevare Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Splender-MH 07 AF 5942 Splender r- MH 07 M 6655
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.	:-	Sachin Madhukar Kharat,Age 35, A/P-Pokharan,Tal-Kudal (Splender r- MH 07 M 6655) License.-The union of india maharashtra driving license No.-MH07 20140001888 Issuing Authority- MH07201446
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sandip Madhukar Kharat,Age 35, A/P-Pokharan,Tal-Kudal (Splender r- MH 07 M 6655)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	General Insurance Company Ltd, Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No-232020476481 5000000 DATE-08/07/2022 To 07/07/2023
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court