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	:-	NIVTI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR NO 43/2024
3.	Date, Time and place of the accident.	:-	18/09/2024 TIME 19.00
4.	Name of the Injured /Deceased	:-	01.PRATHAMESH PRAVIN PARAB 02. AKSHAY BALU DHOKRAT 03.PRASAD SANJAY MADALGI
5.	Name of Hospital to which he /she was removed.	:-	RURAL HOSPITAL KUDAL TAL-KUDAL
6.	Number of vehicles and type of the vehicle.	:-	01.UNICORN MH 07 AR 7812
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.	:-	PRATHAMESH PRAVIN PARAB BIKE REGN NO MH 07 AR 7812
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	PRATHAMESH PRAVIN PARAB AP - HUMARAT TAL- KANKAVALI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	ICICI LOMBARD NIBHAYE VAADE
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NO 3005/313326793/00/000 VALID DATE 30/10/2024 THIRD PARTY - 30/10/2028
11.	Action taken, if any, and the result thereof.	:-	Chargsheet submitted to Court

प्रभारी अधिकारी Police,
निवती पोलीस ठाणे Station.

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.