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.	:-	113/2024
3.	Date, Time and place of the accident.	:-	Date 23.04.2024 at 10.30 hrs. At- Mangao Malawadi, Tal. Kudal
4.	Name of the Injured / Deceased	:-	1.Shrim. shamshadabi Husen Shekh 65yrs (Deceased)
5.	Name of Hospital to which he /she was removed.	:-	Goa Medical College Bambolim Goa
6.	Number of vehicles and type of the vehicle.	:-	1) MH 07 AR 2888 TVS IQUBE ELECTRIC
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)Machindranath Mohan Parab Adress - Salgaon Naikwadi Tal. Kudal Driving License – MH0720180002438 RTO Sindhudurg
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) MH 07 AR 2888 TVS IQUBE ELECTRIC Owner- Santosh Balkrishna Pawaskar Address - Humaras Akeri tal.Kudal
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 07 AR 2888 TVS IQUBE ELECTRIC Insu. Company – TATA Aig General Insurance Company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) MH 07 AR 2888 TVS IQUBE ELECTRIC Insu. Company – TATA Aig General Insurance Company LTD Date - 27.05.2028
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no. SCC- 254/2024

Police Inspector
Kudal police station

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