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 Police Station
2	CR. NO. / AR No./ SDE No.	:-	CR NO.159/2025 BNS – 106(1), 281,125(a),125(b),M.V Act - 184.
3	Date, Time and place of the accident.	:-	Date -26/06/2025 Time -15:45 मौ जे सांगवे, केळीचीवाडी, कातळसडा, कनेडी ते कणकवली जाणाऱ्या रोड, ता. कणकवली, जि. सिंधुदुर्ग
4	Name of the Injured /Deceased	:-	1) Anant Sateri Ghadi,Age 32,A P- kalmath satarwadi, Kanakavali 2) Chinmay sunil Shuisad, Age-23,Natal, pangamwai,Kankavali
5	Name of Hospital to which he /she was removed.	:-	Sub District Hospital, Kankavali
6	Number of vehicles and type of the vehicle.	:-	1) MH 07 AU 4559 3) MH 07 AU 6618 4)
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.	:-	2) MH 07 AU 6618 3) Driver Name- Anant Sateri Ghadi,Age 32,A/P- kalmath satarwadi, Kanakavali
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Manohar Hanmat Bachelakar A/P-Gavadewadi kalmath, 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.	:-	Harita Insurance Broking LLP, Faur Towers I Floor Ethiraj Salai Egmore Chennai TATA AIG GENERAL INSURANCE COMPANY LTD .
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NO- 378168947 25/02/2025 to 25/02/2030
11	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent To Court.

Inspector of Police,
Kankavali Police 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.