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	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.123/2024,IPC -304(A), 279,337 MVA-184
3.	Date, Time and place of the accident.	:-	Date – 30/06/2024 Time – 18.00 Place- A/P AMBOLI NAGARTASWADI TAL-SAWANTWADI, DIST - SHINDHUDURG
4.	Name of the Injured /Deceased	:-	1. CHAPABAI W/O DULLAP TELI (Deceased) 2.ATUL DULLAP CHAUDHARI (Injured) 3. SANJOT ATUL DULLAP CHAUDHARI (Injured)
5.	Name of Hospital to which he /she was removed.	:-	GALAXY HOSPITAL MAPUSA
6.	Number of vehicles and type of the vehicle.	:-	MARUTI SUZUKI INDIA LTD WAGONR VXI BS4 REGN NO. GA-03-R-1082
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. ATUL DULLAP CHAUDHARI A/P. BANGLOW NO 06 B AUDUMBAR VATIKA RH NR UNTWADI GYM TIDKE COLONY NASHIK 422009 License No.- MH15 19970016086 Issuing Authority- MH 15
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. ATUL DULLAP CHAUDHARI A/P. H.NO.984, MARNA SIOLIM BARDEZ GOA NORTH GOA 403517
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Maruti Suuki Insurance Broking Private Limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	:-	1.Policy no. 2302206294221400000 Period of Insurance- 06/04/2024 to 05/04/2025
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station