FORM COMP AA

[See Rules 253 (C), 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 Section**	गु.र.नं.289/2025 भारतीय न्याय संहिता 2023 चे कलम 281,125(a), 125(b), 106(1) सह मो.वा.का कलम 184 प्रमाणे
3	**Date, Time and Place of the accident**	Date- 13/10/2025, Time-10.30 रात्रौ मौजे कलमठ सुतारवाडी, आचरा-कणकवली रोडवर, ता.कणकवली, जि. सिंधुदुर्ग.
4	**Name Of the Deceased**	जुमाबी हसन शिरगांवकर65 रा.मणचे मुस्लीमवाडी ता.देवगड जि.सिंधुदुर्ग
5	**Name of Hospital to which he/she was removed**	उपजिल्हा रुग्णालय कणकवली
6	**Number Of Vehicles and type of the vehicles**	1 मोटार सायकल No - MH-07AR-8834
7	**Name and address of the Driver of the vehicle with particulars or Driving License of the saod driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge**	Driver Name **साईल अरुन नार्वेकर** Add :- निरोम ता.मालवण जि.सिंधुदुर्ग Driving License No- MH 07-20200000314
8	**Name and address of the Owner of vehicle as it stands on the date of the accident.**	MRS. अनिल उमजी मालप Age- - **Present Add-** निरोम ता.मालवण जि.सिंधुदुर्ग **Permenant Add-** निरोम ता.मालवण जि.सिंधुदुर्ग
9	**Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company**	1) **Policy No.** - OG-24-5031-1826-00000073 2) **Period of Policy** - 16 Nov 2023 To 15 Nov 2028 **Name of Insurance Company** - Bajaj Allianz General Insurance CO. Ltd.Kotak Mhindra General Insurance Company Limited Add- Bajaj Allianz House Airport road no-११३ pune ४११००६
10	**Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.**	No- - OG-24-5031-1826-00000073 3) 16 Nov 2023 To 15 Nov 2028
11	**Action taken,, if any, and the result there of**	Inspecter of Police Kankavali Police Station