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[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	Kankavli police station
2.	CR. NO./TAR No./ SDE No.	:-	कणकवली पोलीस ठाणे गुन्हा रजि. नं. 04/2026 भा.न्या.सं कलम 106(1), 125(ए), 125(बी), 281 सह मो.वा कायदा कलम 129/177, 3/181, 146/196, 184 प्रमाणे
3.	Date, Time and place of the accident.	:-	दिनांक 09/01/2026 रोजी 12.00 वा.चे सुमारास
4.	Name of the Injured /Deceased	:-	A) **मयत व्यक्ती व त्याच्या वारसांची नांवे** :- नाव- सर्वेश संजय डिचवलकर, वय- 25 वर्षे पत्ता :- रा.हरकुळ खुर्द, ता. कणकवली, जि. सिंधुदुर्ग, मोबाईल नं. :- 9403074816 B) **जखमी व्यक्ती नाव** नाव- संजयकुमार राजभर, वय 38 वर्षे पत्ता :- मौजे - हरकूळ खुर्द, वरची तेलीवाडी ता.कणकवली जि.सिंधुदुर्ग महाराष्ट्र मोबाईल नं. :- 9936898012
5.	Name of Hospital to which he /she was removed.	:-	मेडीकल कॉलेज, गोवा-बांबुळी
6.	Number of vehicles and type of the vehicle.	:-	01-दुचाकी (MH 07 V 5415) व 01 चारचाकी (GA 06 F 8343)
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.	:-	01-दुचाकी (MH 07 V 5415) चालेक- सर्वेश संजय डिचवलकर, वय- 25 वर्षे पत्ता :- रा.हरकुळ खुर्द, ता. कणकवली, जि. सिंधुदुर्ग, मोबाईल नं. :- 9403074816 लायसन्स नं - नाही 01 चारचाकी (GA 06 F 8343) नाव :- तन्मय दिपक जाधव, वय :- 36 वर्षे पत्ता :- इंद्रदर्शन फेज 2 सोसायटी, बिल्डींग नं.15, लोखंडवाला रोड, शांतीवन गार्डन समोर, ओशिवरा. अंधेरी, (पश्चिम), मुंबई पिन नं.400053 मोबाईल नं :- ९८३३६३९४९५ लायसन्स नं ज्ञMH ०२ २००८०२१९८९६
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	01-दुचाकी (MH 07 V 5415) मालक-महेंद्र शांताराम डिचवलकर, पत्ता :- रा.हरकुळ खुर्द, ता. कणकवली, जि.सिंधुदुर्ग, मोबाईल नं. :- 9422373228

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			01 चारचाकी (GA 06 F 8343) मालक- विजय डी चौगुले, पत्ता :- H NO C95-38, BEHIND CHOWGULE HOUSE PATRONG BAINA, BAINA MURMUGAO MURMUGAO OTHER VASCO DA GAMA, GOA-403802 मोबाईल नं :- ९८३३६३९४९५
	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	MARUTI SUZUKI INSURANCE BROKING PRIVATE LIMITED, NELSON MANDELA ROAD, VASANT KUNJ, NEW DELHI - 110 070
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	OG-26-9910-1870-00104975
11.	Action taken, if any, and the result thereof.	:-	-

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.