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.	:-	62/2024
3.	Date, Time and place of the accident.	:-	07/03/2024 at 18.45 hrs. At- Front of Dinkar Suryakant Shiwalkar House Teliwadi Vetalbabarde Kudal Mumbai Goa Highway Road , Tal Kudal
4.	Name of the Injured / Deceased	:-	1)jitendra Marotrao Dakhode , 32 yrs (Deceased)
5.	Name of Hospital to which he /she was removed.	:-	1) District Hospital Sindhudurg
6.	Number of vehicles and type of the vehicle.	:-	MH 07 AN 3442 TVS Jupiter
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.	:-	Chandrakant Ganu Aeer , Adress- At Post-Nivje Ragngnatulsuli Tal Kudal License – MH070003074/2024 RTO Sindhudurg (Learning Liasinces)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	MH 07 AN 3442 TVS Jupiter Owner -Chandrakant Ganu Aeer , Adress- At Post-Nivje Ragngnatulsuli 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.	:-	MH 07 AN 3442 TVS Jupiter Insu. Company –ICICI Lombard. CO. LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	MH 07 AN 3442 TVS Jupiter Insu. Company –ICICI Lombard. CO. LTD Date – 20/08/2025
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no. SCC- 281/2024

Inspector of Police,
kudal police station

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