FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO- 156/2024 BNS-281,125(a),125(b), MVAct-184,134
3	Date, Time and Place of the accident	Date- 20/08/2024 Time- 13.30 Place- Amboli Nangartas On Amboli to Ajara Road ,Tal-Sawantwadi
4	Name of the Injured/Deceased	1) Suchita Saba Ghogale,Age-55 At/po- Amboli Nagartaswadi, Tal-Sawantwadi,Dist- Sindhudurg
5	Name of the Hospital to which he/she was removed.	1) PHC Amboli 2) Dr.D.Y.Patil Hospital & Research Institute Kolhapur
6	Number of the vehicles and type of the vehicle.	1) Hundai Grand I-10 MH-09-FB-7061
7	Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	1) Pushkar vijay Shirguppe, age- 24 At/po-Shirol, Bazarpeth, Tal-Shirol Dist-Kolhapur D.L.NO- MH- 09 10190014343 Issuing authority- MH-09
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Shrikant Surendra Shirguppe, At/po-Shirol, Bazarpeth, Tal-Shirol Dist-Kolhapur
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) Liberty General Insurance Ltd 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Policy No. 201140030123702098100000 Period - 01/03/2024 to 28/02/2025
11	Action taken, if any,and the result thereof.	The Charge sheet Send to Court

(Amol Chavan)
POLICE INSPECTOR
Sawantwadi 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.