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	:-	NIVTI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	11/2025
3.	Date, Time and place of the accident.	:-	28/02/2025 time 17.00
4.	Name of the Injured /Deceased	:-	--
5.	Name of Hospital to which he /she was removed.	:-	--
6.	Number of vehicles and type of the vehicle.	:-	01- MH 14 BT 2509 ASHOK LEYLAND 02-MH 07 P 2908 M AND M PICK UP
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.	:-	DEVIDAS KISAN RATHOD ANDUR' ANDORA DIST- OSMANABAD BADGE NO 32880
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	ST.VIBHAG SECRETARY M.S.R.T.C CORPORATION
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	UNDER SECTION 94 (3) OF THE MOTOR VEHICLES ACT 1939 (SECTION 146 (3) OF M.V ACT 1988) BY THE GOVT .OF MAHARASHTRA BY THEIR ORDER NO.5369/5/II/IX DATE 18.07.1963
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	FORM -53 (SEE RULE 148 (1) OF C.M.V RULE 1989) 31/03/2026
11	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.		AARY ASHOK SARANG AP NIVTIMEDHA TAL VENGURLA

12	Name and address of the Owner of the vehicle as it stands on the date of the accident.		MH 07 P 2908 LMV AKASH FISHMEAL AND FISHOIL PRIVATE LTD A/P H.NO. 365 MEDHAWADI KOCHARA TAL VENGURLA DIST SINDHUDURG
13	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.		NEW INDIA ASSURANCE CO.LTDKUDAL (170601) 1806 ASHIRWAD BHAVAN, NEAR POST OFFICE ,KUDAL,SINDHUDURG EMAIL NIA.170601@NEWINDIA.CO.IN
14	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		RECEIPT NO 17060181240000007767-28/12/2024 PERIOD OF COVER 28/12/2024 TO 27/12/2025
15.	Action taken, if any, and the result thereof.		

Inspector of Police,

.....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.