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.	:-	CR NO 14/2024, IPC 304(A), 279, 337,338, M.V.Act. 134/187, 184
3.	Date, Time and place of the accident.	:-	09/03/2024 TIME 19.15, PLACE- PARULE AAJARWADI, TAL- VENGURLA
4.	Name of the Injured /Deceased	:-	PANDURANG alias DAJI CHANDRAKANT HADKAR, AGE-42 YEAR, A/P-PARULE AAJARWADI, TAL-VENGURLE, DIST-SINDHUDURG
5.	Name of Hospital to which he /she was removed.	:-	RURAL HOSPITAL KUDAL TAL- KUDAL, DIST- SINDHUDURG
6.	Number of vehicles and type of the vehicle./	:-	ERTIGA VXI CNG NO. MH 20 FY 2250
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.	:-	SUBODH PUNDLIK INGLE, AGE 42, A/P-BHIM NAGAR BHAVSINGPURA, DIST-AURANGABAD STAE- MAHARASHATRA
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) OWNER NAME - DIPALI RUSTUM KHARAT, , A/P-BHIM NAGAR BHAVSINGPURA, DIST-AURANGABAD STAE- MAHARASHATRA
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	MARUTI SUUKI INSURANCE BROKING PRIVATE LIMITED
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Date of Validity of the insurance Policy - 02/12/2024
11.	Action taken, if any, and the result thereof.	:-	Chargsheet submitted to Court

Inspector of Police
Nivti Police Station

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Morten Report.