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	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.45/2024,IPC - 304(A)279,337,338, MVA-184,3/181
3.	Date, Time and place of the accident.	:-	Date – 18/02/2024 Time – 15.15 Place- At the Vengurla to Belgaum Road in Devasu Kumbheshwarwadi . Tal- Sawantwadi, Dist- Sindhudurg
4.	Name of the Injured /Deceased	:-	1. SUJATA BABU SEQUEIRA (Deceased) 2. BABU PASKU SEQUEIRA (Injured)
5.	Name of Hospital to which he /she was removed.	:-	BHS LAKEVIEW HOSPITAL BELAGAVI
6.	Number of vehicles and type of the vehicle.	:-	1. MARUT SUZUKI INDIA LTD ALTO VXI REGN NO. MH-12-SU-1896
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.	:-	1JOHN BAPTIST ROCKY MASCARONHAS A/P. 48/13/2 HIND COONY NAKHATE WASTI, Metro Hospital Rahatani Pune 411017 License No.- -- Issuing Authority- --
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.BABU PASKU SEQUEIRA A/P. GAVASE MAIN ROAD TAL CHANDGAD DIST KOLHAPUR MH 416509
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Royal Sundaram General Insurance Co.Limited.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1.Policy no. VPT0556441000100 Period of Insurance- 05/11/2023 to 04/11/2024
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station