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	:-	BANDA
2.	CR. NO./TAR No./ SDE No.	:-	78/2025 BNS 106,125(a),125(b)mvact 184
3.	Date, Time and place of the accident.	:-	Date-02/6/2025 Time-20.25 place-Banda gadgevadi road tal-sawantwadi
4.	Name of the Injured /Deceased	:-	suman nagraj kodaskop age-40 add-Banda gadgewadi tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC Banda, medical collage bamboli Goa
6.	Number of vehicles and type of the vehicle.	:-	kren noMH 09 F 5730
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.	:-	sarfraj ahamad mahmmadabi hasan age 24 add.- pipra post-dighvaliya dist shivan state Bihar currant add-Bhedshi tilari tal-dodamarg DL no BR29 20240006755
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	vilas mohan deulkar age-40 add-3900,matoshri niwas sarswati nagar gadhinglaj S.O.kolhapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Cholamandalam ms Genral insurance company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Panjim03 vo Panjim HO north Goa state Goa policy no 3382/00376338/000/00
11.	Action taken, if any, and the result thereof.	:-	police Invastigation

Inspector of Police,

Banda Police Station.