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	:-	Kudal
2.	CR. NO./TAR No./ SDE No.	:-	254/2024
3.	Date, Time and place of the accident.	:-	Date 28.10.2024 at 04.00 hrs. At- Mumbai Goa Highway Zarap Jambharmala Bridge ,Tal- Kudal
4.	Name of the Injured / Deceased	:-	1.Sibukumar Inchalal kol / Adivasi (Injured)
5.	Name of Hospital to which he /she was removed.	:-	Rural Hospital Kudal
6.	Number of vehicles and type of the vehicle.	:-	1) MH 46 CL 4693 Container
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.	:-	1) Radhikaprasad Kheladiprasad Saket Adress - Naudhiya Riva Tal. Maungaj Dist. Madhy Pradesh Driving License – MP 17 R 20200291171 Rewa, a city in Madhya Pradesh RTO
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) MH 46 CL 4693 Container Owner- Ashwini Container Movers PVT LTD Address - A 4021 4022 4th Floor Bima Complex Plot no. 119 Steel Market Kalamboli Navi Mumbai Panvel Raigod Maharashtra
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) MH 46 CL 4693 Container Insu. Company – ICICI Lombard Insurance Company
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) MH 46 CL 4693 Container Insu. Company – ICICI Lombard Insurance Company Date - 05/02/2025
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no. RCC- 77/2024

Police Inspector
kudal police station

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