FORM COMP AA

[See Rules 253 (2), 254 (e) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	kankavali
2.	CR. NO. TAR No. SDE No.	:-	CR No.262/2024, BNS-281,125(A),M.V.ACT-184
3.	Date, Time and place of the accident.	:-	Date-14/09/2024 TIME-02.45 Place- Osargav Tolnaka,Tal-kankavali
4.	Name of the Injured /Deceased	:-	Injured-1) Ruparam Sonaram Patel, A/P Humbarth, Tal-Kankavali 2)Savlaram Navaram Patel, A/P- Humbarth, Tal-Kankavali
5.	Name of Hospital to which he /she was removed.	:-	Civil Hospital Oros
6.	Number of vehicles and type of the vehicle.	:-	Jupiter-MH07 AR 5677
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.	:-	Ruparam Sonaram Patel, A/P- Humbarth, Tal-Kankavali Licence No. The union of india maharashtra state driving licence NO- RJ2220120003739
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Hararam Sonaram Patel, A/P- Humbarth, Tal-Kankavali
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	ICICI General Insurance Limited Company Malad Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No.3005/0/368737457/00/B00 Date 17/11/2024 To 16/11/2025
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

FORM CO...

Inspector of Police,

kankavali 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.