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 187/2024 BNS 106(1),281
3.	Date, Time and place of the accident.	:-	29/09/2024 -10.30 am .At post Talwade, tal - Sawantwadi
4.	Name of the Injured /Deceased	:-	Deceased - Sonali Soma Gawade, age -55
5.	Name of Hospital to which he /she was removed.	:-	1) Cottage Hospital Sawantwadi 2) Goa Medical College, Bambulim
6.	Number of vehicles and type of the vehicle.	:-	01-Motor Cycle
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.	:-	Manthan Soma Gawade, At post Talwade. tal - Sawantwadi Driving License - MH07202300063 31
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Anil Pandarinath Gawade, At post Talwade. tal - Sawantwadi
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The new India Assurance Co.LTD. Kudal. near post office,Kudal
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 - OD Cover -12/08/2023 TP Cover- 12/08/2027
11.	Action taken, if any, and the result thereof.	:-	chargesheet submited

Ass.Police Inspector.

Sawantwadi 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.