FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO- 91/2024, IPC- 304-A,279,337,338, MVAct-184, 134/177
3	Date, Time and Place of the accident	Date- 29.03.2024 Time- 18.45 Place- Goa-Malewad Road Satarda Khrichnwadi, Tal-Sawantwadi
4	Name of the Injured/Deceased	Deth
5	Name of the Hospital to which he/she was removed.	Medical College Bambuli Goa State-Goa
6	Number of the vehicles and type of the vehicle.	Splender - MH 07 AN 7503
7	Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	Tukaram Sunil Padval, Age-22 year, Add- Shiroda Kerwada Varchiwadi,Tal- Vengurla Dist- Sindhudurg D.L.NO - MH07 20210006660 Issuing Authority:- MH07
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	Tukaram Sunil Padval, Age-22 year, Add- Shiroda Kerwada Varchiwadi, Tal- Vengurla Dist- Sindhudurg
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	MAGMA HDI General Insurance Company LTD Add- Devlopment House 24 Park Street Kolkatta 700016
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	Certificate Of Insurance and Policy No- P0021200006/4113/105365 Date- 22.12.2020 to 21.12.2025
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Subhash Naik, HC-391)
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.