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.	:-	76/2024 BNS 281,125(a) mv act 184,3(1)/181,146/196
3.	Date, Time and place of the accident.	:-	Date-07/09/2024 Time -02.34 place-Insuli kudav temb tal-sawantwadi
4.	Name of the Injured /Deceased	:-	pundlik rama bhaip age 38,add-kas Bhaipvadi tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	sub dist.hospital sawantwadi
6.	Number of vehicles and type of the vehicle.	:-	1)inovha no-GA 11 A 5508 2)pation pro no MH 07 Z 6510
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)prasad dhananjay bandekar age 41, add-sawantwadi shramavihar socity New khaskilwada tal-sawantwadi DL no MH 07 20100006750 2) pundlik rama bhaip age 38,add-kas Bhaipvadi tal-sawantwadi DL no-mh07/293/01/09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)prasad dhananjay bandekar 2) pundlik rama bhaip
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Raheja Qbe
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	policy no pbrc00029685
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Inspector of Police,
Banda Police Station.