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.19/2024,IPC - 279, MVA-184
3.	Date, Time and place of the accident.	:-	Date – 25/01/2024 Time – 06.30 Place- On The Bridge Near Hotel Prachi On The Road From Vengurla To Belgaum in Amboli, Kamatwadi. Tal- Sawantwadi, Dist- Sindhudurg
4.	Name of the Injured /Deceased	:-	----
5.	Name of Hospital to which he /she was removed.	:-	----
6.	Number of vehicles and type of the vehicle.	:-	1) Trucks Eicher 20.16 GVW 18500, REGN NO.MH-12-HD-6129
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) Surendraprasad Rambricks Prasad, Age- 36 At-Chotilangri, Po- Sekwania Khushinagar State- Uttar Pradesh License No.UP57 20190001090 Issuing Authority- UP-57
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Renuka Venkatesh Kalal, At/po-Anant Niwas , Surve no.135, Behind Santoshi Mata Mandir Mohannagar Chinchwad , Dist-PUNE Pin-411019
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	HDFC ERGO General Insurance Company limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy no. 2315 2059 1851 6000 000 Period of Insurance- 06/12/2023 to 05/12/2024
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station