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.	:-	72/2024 BNS 281,125(a),125(b)mv act 184
3.	Date, Time and place of the accident.	:-	Date-16/8/2024 Time-15.05 place-Insuli kothavle bandh
4.	Name of the Injured /Deceased	:-	deepak Narayan Gawas age 47 add Parme kaswadi tal-dodamarg
5.	Name of Hospital to which he /she was removed.	:-	medical college goa bamboli
6.	Number of vehicles and type of the vehicle.	:-	honda city kar no GA 08 M 2488
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.	:-	Roshan Ramesh Ghadi age 25 add pulas Varchvadi Mahadevache kervade tal-kudal DL No mh 07 20170006509
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rahul kedar sing age 32 add -552-1 VTC-Goa panji dist North Goa
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The Oriental Insurance Company Limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	16/20 WEA First Floor Near shastri Park Padam Singh Road Karol Bagh New Delhi Policy no deer00802309517100
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Inspector of Police,
Bandra Police Station.