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	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No.45/2024, IPC-279.337.M.V.AC[illegible] 184
3.	Date. Time and place of the accident.	:-	Date-30/01/2024 TIME-14.43 Place- Nadgive Bambarwadi. Tal-kankavali
4.	Name of the Injured /Deceased	:-	Injured -1)Rajeshkumar Rampravesh Ray A/P-Rajepur East Champaran Bihar 2) Vikkykumar Virchandra Ray.Age 26. A/P- Po Ashok Vihar Delhi
5.	Name of Hospital to which he /she was removed.	:-	Primary Health Centre Kharepatan. Tal-Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Bulero Pickup-MH 10 CR 7364
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.	:-	Rajeshkumar Rampravesh Ray. A/P-Rajepur East Champaran Bihar Licence No. The union of india maharashtra state driving licence NO- BR0520180083123 Issuing Authority-BR05
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rajeshkumar Rampravesh Ray. A/P-Rajepur East Champaran Bihar
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Tata AIG General Insurance Company Limited,Lower Parel Mumbai Divisional Office - Tata AIG General Insurance Company Limited,Lower Parel Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No.-63004305770000 Date 07/04/2023 To 06/04/2024
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

Inspector of Police.

kankavali 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.