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.	:-	120/2025 BNS-281,324(4), maha provhi act 65(a),(e),81,83 ,mvact 184, 190(2)
3.	Date, Time and place of the accident.	:-	Date-12.08-2025 Time-- 14.25 place- Near Insuli chek post, Aanandi Hotel Front tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Nil
5.	Name of Hospital to which he /she was removed.	:-	NIl
6.	Number of vehicles and type of the vehicle.	:-	1)Kreta Car no MH 04 HM 8214 2)Maruti OMANI CArR NO GA 03 C 4103
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) Omkar Anil Gaonkar age-27, Add-House No E/252 ,Near saibaba Stoars, Khaskilwada, Tal-Sawantwadi DL No MH07 20160010232 2) Mohamad Talha Anjum Rajguru Age-25, Add-Rajguru Complex Mumbai Goa Highway banda Tal Sawantwadi DL No MH07 20180005329
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Govind Krishna Kumbhar At Post Kumbahrwadi Pawshi Tal kudal 2) Gopal Jgaram Patel ,Age 50 Add-Balvantnagar Dodamarg Road,tal-Dodamarg
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)Cholamandalam MS General Insurance Company Limited Policy No-3362/03823679/000/00 2) No
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) 2nd Floor Dare House no 2 NSC Bose ROAD Chennai 600001 2)No
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Ass. Inspector of Police,
Banda Police Station.