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	:-	Dodamarg Police Station
2.	CR. NO./TAR No./ SDE No.	:-	Cr.no.57/2025 Bns-281,125(a)(b), MV Act-184,134
3.	Date, Time and place of the accident.	:-	17/05/2025, 10.30am, Banda to Dodamarg Road , Kalne, Tal- Dodamarg
4.	Name of the Injured /Deceased	:-	Bharat Dasharath Vaghate R/O Kalne Dabiwadi Tal- Dodamarg
5.	Name of Hospital to which he /she was removed.	:-	1.Rural Hospital Dodamarg 2.Asilo Hospital mapusa Goa
6.	Number of vehicles and type of the vehicle.	:-	MH 07 AG 5498 Maruti Alto VXI
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.	:-	Chandravati Chandrakant Pilankar R/O Dodamarg bajarpeth
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Chandravati Chandrakant Pilankar R/O Dodamarg bajarpeth
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	ZURICH KOTAK Maruti Suzuki Insurance Broking Private ltd Nelson Mandela Road , Vasant kunj, New Delhi 110070
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Maruti Suzuki Insurance Broking Private ltd Policy No. M/R201742286 Valid -24/02/2026
11	Action taken, if any, and the result thereof.	:-	

H.B. Khopde
Inspector of Police,
Dodamarg Police Station.