FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

2.	Name of the Police Station	:-	Kankavali Police Station
3.	CR. No. /AR No./ SDE No.	:-	CR NO.341/2024 BNS - 106(1),281,125(a),125(b),M.V.Act 3-189
4.	Date, Time and place of the accident.	:-	Date -04/12/2024 Time -18:45 Place- Phonda Ghat Dajipur .Tal-Kankavali
4	Name of the Injured /Deceased	:-	**Deceased**- Sandip Subhash Enamdar Age-44. A/P- Vadar Tal-Hatkanangale Dist-Kolhapur.
5	Name of Hospital to which he /she was removed.	:-	Sub District Hospital,Kankavali.
6	Number of vehicles and type of the vehicle.	:-	Tanker- MH 07 X 1479
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.	:-	Sandip Subhash Enamdar Age-44. A/P- Vadar Tal-Hatkanangale.Dist-Kolhapur. **Driving License**- MH09 20090016912 **Issuing Authority**- MH 09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Santoshi Kiran Pokkale A/P- Karade Jambhulgav.Tal-Kankavali.
8	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New India Assurance Co.LTD. Teli Aali Galli. Kankavali
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy /insurance Certificate.	:-	**Number of Insurance Policy** - 170604312200100000934 **Date of Validity**- 16/11/2023 to 07/10/2024
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet 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.