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	:-	Kudal
2.	CR. NO./TAR No./ SDE No.	:-	cr no 324/2025
3.	Date, Time and place of the accident.	:-	26/09/2025 at 12.30 hrs. ahead of Tanishk Jwellars on road Kudal
4.	Name of the Injured /Deceased	:-	1) Ku.Anamika Balaji Rane , Age-20 yrs, (Injured)
5.	Name of Hospital to which he /she was removed.	:-	1) Rural Hospital Kudal, Tal Kudal Tal Kudal
6.	Number of vehicles and type of the vehicle.	:-	1) Kadamba Bus no GA-03-X-0583
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)Uday Rajaram Chodanakar Tari age 42 yers, address -Hous No 175/1,Gujarabhat,Kuraka,near Shantadurga Tempal North Goa 403108 Driving license GA0720100023353,Panaji,Goa RTO.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Kadamba Bus no GA-03-X-0583 Name- Managing Director Kadamba Transport Corporation LTD Adress - Govt of goa , Porvorim,north Goa,pin no-403521
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) Kadamba Bus no GA-03-X-0583 National Insurance Company Limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Kadamba Bus no GA-03-X-0583 National Insurance Company Limited Date -14.02.2025 to 13.02.2026
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no.- SCC no 489/2025

Inspector of Police,
Kudal Police Station.

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