FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	**Name of the Police Station**	Kankavali Police Station
2	**CR.NO Section**	130/2025 BNS 106 (1), 281, 125 (a), 125 (b), MV ACT 184, 134
3	**Date, Time and Place of the accident**	Date- 17/05/2025, Time- 15.00 At- कासार्डे ते विजयदूर्ग डांबरी रोडवर, दारुम, ता. कणकवली, जि. सिंधुदुर्ग
4	**Name Of the Deceased**	सुप्रिया सुनिल जावकर, Add- विठ्ठलवाडी, विजयदूर्ग, ता. देवगड, जि. सिंधुदूर्ग
5	**Name of Hospital to which he/she was removed**	**Sub District Hospital Kankavali,**
6	**Number Of Vehicles and type of the vehicles**	2) 01) TATA MOTORS LTD ट्रक नंबर KA 22 C 2061 02) mahindara XYLO मोटार सायकल नंबर MH 07 AB 2228
7	**Name and address of the Driver of the vehicle with particulars or Driving License of the saod driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge**	01) TATA MOTORS LTD ट्रक नंबर KA 22 C 2061 Driver Name - **नितीन प्रभाकर मोळगे, वय-32 वर्षे** **Add** :- रा. धुळगणवाडी, ता. चिक्कोडी, जि. बेळगाव, राज्य-कर्नाटक **Driving License No-** KA23 20100008261
8	**Name and address of the Owner of vehicle as it stands on the date of the accident.**	MRS. महादेव अशोक गवळी **Age-** - 50 **Present** खडकलाड, ता. चिक्कोडी, जि. बेळगाव, राज्य-कर्नाटक **Permenant Add-** खडकलाड, ता. चिक्कोडी, जि. बेळगाव, राज्य-कर्नाटक
9	**Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company**	SHRIRAM GENERAL INSURANCE COMPANY LIMITED 2157, KHADAKLAT, KARNATAKA 591228, CHIKODI BELAGAVI BELGAUM, KA-22-BELG, KARNATAKA
10	**Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.**	POLICY NB - 10032/31/25/006129 20/03/2025 To 19/03/2026
11	**Action taken,, if any, and the result there of**	Inspecter of Police Kankavali Police Station