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	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.239/2024,(IPC - 281,125(a),125(b) MVA-184
3.	Date, Time and place of the accident.	:-	Date – 18/11/2024 Time – 07.45 Place- A/P AMBOLI,TAL-SAWANTWADI, DIST - SHINDUDURG AMBOLI GHAT
4.	Name of the Injured /Deceased	:-	FIDHASAIN MEERASAB MAKANDAR A/P. HUKKERI GAJBARWADI TAL HUKKERI DIST BELAGAVI (Injured)
5.	Name of Hospital to which he /she was removed.	:-	HATTARKI HOSPITAL GADHINGLAJ
6.	Number of vehicles and type of the vehicle.	:-	1. HERO MOTOCORP LTD PASSION PRO BS III REG NO. KA-23-EG-1835
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. SAYYEDMOHAMMEDALI GAJABARSAB MAKANDAR, A/P. 3149/5 GAJBARWADI HUKKERI TAL HUKKERI DIST BELAGAVI License No.- KA49 20210000725 Issuing Authority- KA 49
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. SAYYEDMOHAMMEDALI GAJABARSAB MAKANDAR, A/P. 3149/5 GAJBARWADI HUKKERI TAL HUKKERI DIST BELAGAVI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	UNITED INDIA INSURANCE COMPANY LIMITED
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1.Policy no. - 340201312401601424445 Period of Insurance- --24/10/2024 TO 23/10/2025
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station