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	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 290/2024, BNS-281,125(a) M.V.ACT-184
3.	Date, Time and place of the accident.	:-	Date-07/10/2024 TIME-15.30 Place- Tarndale Fata, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured - Siddhik Mahamad, Age -28. A/P- Boliyar,State-Karnataka
n	Name of Hospital to which he /she was removed.	:-	Sub District Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Tempo-KA 20 AC 0459
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.	:-	Siddhik Mahamad, Age -28, A/P- Boliyar,State-Karnataka (Tempo-KA 20 AC 0459) Karnataka State Indian union motor driving licence No.-KA70202200004220
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Kambadakone Abdul Rehman,Zubeda Manzil,Karnataka
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The Oriental Insurance Company Ltd. Karnataka
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No-472700/31/2024/2168 Date-01/09/2023 To 31/08/2024
11.	Action taken, if any, and the result thereof.	:-	The charge sheet 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.