FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO- 149/2025 106(1), 281, 125 (A) (B) US/BNS 184 US/MVACT
3	Date, Time and Place of the accident	Date- 03/08/2025 Time- 12.00 P.M. Place- Otawane to Carata Namaswadi Road Carata, Near Carata School Tal- Sawantwadi, Dist- Sindhudurg
4	Name of the Injured/Deceased	Parsuram Prakash Pokhare, age 32 years, A/p. Karivade, Dangwadi Tal-Sawantwadi Dist-Sindhudurg
5	Name of the Hospital to which he/she was removed.	Sub District Hospital Sawantwadi Dist Shindhudurg & Goa Medical College Bambuli
6	Number of the vehicles and type of the vehicle.	1) HONDA SHINE Motarcycle vehical number - MH-07-AP-1484
7	Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	1) HONDA SHINE Motarcycle vehical number - MH-07-AP-1484 2) **Driver name -** Parsuram Prakash Pokhare, age 32 years, A/p. Karivade, Dangwadi Tal-Sawantwadi Dist- Sindhudurg 3) Driving License no - MH07 20110012410, validity - 15/12/2031
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) HONDA SHINE Motarcycle vehical number MH-07-AP-1484 2) Owner Name - PARSURAM PRAKASH POKHARE, age 32 years, A/p. HO.NO.948, DANGWADI, KARIVADE, TAL- SAWANTWADI, DIST-SHINDHUDURG MH-416510

9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED Adress –bulding no-16.601/602. 6 floor.new link road malad west. mumbai -400064.
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	Police no-3005/0/399555577/00/000 Date-jul 08-2025 t0 jul 07-2026
11	Action taken, if any,and the result thereof.	Envestigation

(S.N.LOKHARE)
POLICE SUB-INSPECTER
SAWANTWADI 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.~~