FORM COMP AA

(see rule 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-238/2024 BNS- 281, 125 (a)(b), MVAct 184
3	Date, Time and Place of the accident	Date- 15.11.2024 Time- 15:45 Place- Sawantwadi-Amboli Rod Kariwade Ubhagunda , Tal-Sawantwadi
4	Name of the Injured/Deceased	1) Shivaji Vithal Bedage Age 32 year Add-Dindnerall , Tal-karvir, Dist- Kolhapur 2) Darshn Ravindra Phondekar Age-29 year Add-Phondaghat Phondekarwadi. Tal- kankvali Dist-Sindhudurg 3) Ibrahim Umarali Baligar Age-43 year Add-Hirekeru Dist-Haveri, State- karnataka
5	Name of the Hospital to which he/she was removed.	Sub Divisinaol Hospital Sawntawadi, Dist-Sindhudurg
6	Number of the vehicles and type of the vehicle.	1) Truck No- MH 09 CV 1987 2) EICHER No- GA 07 F 9197
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 Authority 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) Shivaji Vithal Bedage Age 32 year Add-Dindnerali , Tal-karvir, Dist- Kolhapur D.L.NO- MH09 20110012789 Issuing authority- MH09 2) Ibrahim Umarali Baligar Age-43 year Add-Hirekeru Dist-Haveri, State- karnataka D.L.NO- KA27 20010000966 Issuing authority- KA27
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Shivaji Vithal Bedage Age 32 year Add-Dindnerali , Tal-karvir, Dist- Kolhapur 2) Aslam Hassan Narangi, H No 19/102 Kavita Housing Society Kerant talegao Panaji Goa 403002
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) Digit General Insurance Ltd UIN No:- IRDAN158RP0001V01201819 2) IFFCO-TOKIO GENERAL INSURANCE CO LTD Regd- Office IFFCO SADAN C1 Distt Center Saket New Delhi 110017
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Certificate Of Insurance and Policy No-D169215551/10102024 UIN No:- IRDAN158RP0001V01201819 Date- 12.10.2024 to 11.10.2024 2) General Insurance Services-997134 Date - 25.11.2023 to 24.11.2024
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Santosh Galole, HC-983)
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.~~