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.	:-	C.R.No.- 94/2024 U/S 279, 337, 338,304 A OF IPC M.V.Act 184
3.	Date, Time and place of the accident.	:-	02-05-2024, 11.30 am, KOLGAON KUMBHAYALWADI T-SAWANTWADI DIST-SINDHUDURG
4.	Name of the Injured /Deceased	:-	Govind Gangaram Sawant age -41 yrs KUMBHAYALWADI T-SAWANTWADI DIST-SINDHUDURG
5.	Name of Hospital to which he /she was removed.	:-	Medical college Bamboli Goa Bambolim
6.	Number of vehicles and type of the vehicle.	:-	hero splender plus motarcycle no-MH-07-AR-8057 (two wheeler)
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.	:-	Govind Gangaram Sawant age -41 yrs KOLGAON KUMBHAYALWADI SAWANTWADI DIST-SINDHUDURG, Licence no- MH07-20150006013 MAHARASHTARA STATE MOTOR DRIVING LICENCE,
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Mahadev Gurunath Sawant KOLGAON KUMBHAYALWADI T-SAWANTWADI DIST-SINDHUDURG
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	GO DIGITAL GENERAL INSURANCE LTD SHIVAJINAGAR PUNE
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	D-123086948 VALIDITY- MIDNIGHT OF 05.11.2028
11.	Action taken, if any, and the result thereof.	:-	Abetted summary report in the court

Sub Inspector of Police,
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.