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
2.	CR. NO./TAR No./ SDB No.	:-	CR NO 113 2025 BNS 281, 125 (A), 125 (B) M.V. ACT 184
3.	Date, Time and place of the accident.	:-	09/06/2025 06.30 am
4.	Name of the Injured /Deceased	:-	1.Vijaybhai mulajibhai Jafadiya, age 35 years, At post amardham society punagam surat city 2. Samila mayurbhai Malvia, age -35 years 3.Mayurbhai chamanbhai Malvia, age 38 years 4. Mansi kiritbhai malvia, age 23 years 5.Kirirbhai karsonbhai Malvia, age 38 year 6.chandrikaben kirir bhai Malvia, age 40 year 7.Mehek mayurbhai Malviya, age 18 8.Dhruv kiritbhai Malvia, age 19 year 9.Hin mayurbhai malvia, Age 10 years All above address – Jamjodhpur, tal-Jamjodhpur, state - Gujrat
5.	Name of Hospital to which he /she was removed.	:-	Sawantwadi hospital and goa bamboli medical collage state goa
6.	Number of vehicles and type of the vehicle.	:-	1) DAMPER NO GA -09-U-2418 2)Tampo travel GJ-05-CY-2121
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.Vijaybhai mulajibhai Jafadiya, 368, Vishal Nagar SOC. DIV-1,Dharm Nagar Road Hirabaug, Varachha,Surat,395006 2. Silvan Sayman Dicosta, age -34 year, house no 806,Wadlemod,Kakoda Kurcherem Sawarda,tal -Kepe,state-Goa
8.	Name and address of the Owner of the vehicle as	:-	1) Tempo vehical GA-09-U-2418

	it stands on the date of the accident.		OWNER NAME - SHIWAN SAYMAN DICOSTA, AGE 54 YEARS, AT POST H. N. 806, WADLEMOD, KAKODA KURCHEM, KEPE STATE GOAD 2) TEMPO TRAVELS VEHICAL - GJ-05-CY-2121 OWNER NAME - RAVINDRA AMBARAMBHAI PATIDAR, AGE 34 YEARS, AT POST 151, SHIVANJALI BANGLO, NNSAD ROAD, KAMBREJ, SURAT STATE GUJRAT
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) Tempo vehical GA-09-U-2418 UNKNOW 2) TEMPO TRAVELS VEHICAL – GJ-05-CY-2121 THE NEW INDIA ASSURANCE CO. LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Tempo vehical GA-09-U-2418 UNKNOW 2) TEMPO TRAVELS VEHICAL – GJ-05-CY-2121 THE NEW INDIA ASSURANCE CO. LTD POLICI NUMBER 231103312403000020005
11.	Action taken, if any, and the result thereof.	:-	CR NO 113/2025 BNS 281, 125 (A), 125 (B) M.V. ACT 184 Rejister

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.