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- 246/2024, BNS-106(1),125(a)(b), 281, MVAct-184
3	Date, Time and Place of the accident	Date- 19.11.2024 Time- 20.30 Place- Nhaveli Nagajarwadi, Tal-Sawantwadi
4	Name of the Injured/Deceased	Deth
5	Name of the Hospital to which he/she was removed.	Medical College Bambuli Goa State-Goa
6	Number of the vehicles and type of the vehicle.	Yamaha MT-15- MH 07 AT 3043
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.	Bhushan Uday Parsekar, Age-25 year, Add-Nhaveli Parsekarwadi,Tal-Sawantwadi Dist- Sindhudurg No- Driving License
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	Rakesh Raghoba Nhavelkar Add- Nhaveli Harijanwadi,Tal-Sawantwadi Dist-Sindhudurg
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	IFFCO Tokio General Insurance Company LTD Add- 1st Floor jaju Arcade Near Damini Hotel Tarabai Park Kolhapur Maharastra 416001
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	Certificate Of Insurance and Policy No- PLM 03100855510/00/000/ 17 March 2024 Date- 17.03.2024 to 16.03.2025
11	Action taken, if any,and the result thereof.	The Abited Final Send to Court

(Subhash Naik, HC-391)
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.