FORM COMP AAनमुना

Rules 253, 254(c(iii)] 54(1) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

.	Name of the police station	hatkangale Dis- Kolhapur
..	CR. NO. TAR No./ SDE No.	06/2026 BNS 281,125[अ],125[ब],324[4] MVAct 184` Date- 05/01/2026
3.	Date Time and place of the accident	Date-03/01/2026 TIME -19.15 pm AT RUI VILLEGE AT RUI TO KABNUR ROAD NEAR BY LAXMI MANDIR FRIONT OF OM ENGINIARING TAL HATKANANGALE DIST-KOLHAPUR
um	Name of the Injured / Deceased	1)MAHADEV APAYAPPA SWAMI AGE 54 A/P NEART MARUTI MANDIR,JAVAHARNAGAR ICHALKARANJI TAL HATKANANGALE DIST KOLHAPUR -- INJURED
5.	Name of Hospital to which he / she was removed	1)SIDHGIRI HASPITAL AND RESERCH CENTER KANERIMATH TAL KARVEER DIST KOLHAPUR
6.	Number of vehicles and type of the vehicle	MOTAR SAIKAL .MH-09-CQ-1499
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.	SATISH PRAKASH MANE AGE 37 A/P KOROCHI TAL HATKANAGALE DIST KOLHAPUR \ MOB -9960648971 IRTIKA CAR NO MH-10-ER-9196 DRIVING LAISANCE - NO.-MH09 20070254628
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	SHIVAJI NAMDEV ABHANGRAO A-P MIRAJ ROAD SANGALI TAL MIRAJ DIST SANGALI
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	MARITI SUZUKI INSURANCE BROKING PVT LTD NEW DILHI
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	24/10/2025 TO 23/10/2026
11	Action taken, if any and the result thereof	06/2026 BNS 281,125[अ],125[ब],324[4] MVAct 184` Date- 05/01/2026
		[S.S.MEMANE] Inspector of Police
		HATKANGALE PLICE 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