FORM COMP A A नमुना
Rule 253,254 (c (iii))54 (1)(iv)
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the police station	Hatkangale Dis-Kolhapur
2	CR.NO.TAR NO/SDE NO.	09/2024 भा.न्याय.सहीता 281,125(अ),125(ब)स मो.वा.का.क.184,134(अ)(ब)प्रमाणे
3	Date Time and place of accident	दि.11/01/2026 रोजी प्रथमेश पेट्रोलपंप शेजारी चिलकरंजी ते कोल्हापुर जानारे रोडवर तिळवणी गावचे हद्दीत रोडलगत ता.हातकणंगले
4	Name of the Injured/**Deceased**	Ganesh shivaji gayakvad
5	Name of Hospital to which he/she was removed	निरंक
6	Number of vehicles and type of vehicle	टाटा पंच कार गाडी नं. MH-09-GF-9467
7	(1)Name and address of Driver of the vehicle with particulars orDriving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of the Issuing Authority of the said Badge.	महेश विठ्ठलसिंग रजपुत व.व.33 रा.अकिवाट ता.शिरोळ जि.कोल्हापुर मो.नं.9511264613
8	Name and the address of the owner of the vehicle as it stand on the date of the accident.	महेश विठ्ठलसिंग रजपुत व.व.33 रा.अकिवाट ता.शिरोळ जि.कोल्हापुर मो.नं.9511264613 टाटा पंच कार गाडी नं. MH-09-GF-9467 पांढरा टाटा.मोटर्स 09-2023 REVTRN16JWXMG4820. MAT867007PPJE4789. RTO कोल्हापुर खाजगी
9	Name and address of the insurance Company with whom the vehicle was insurance Certificate and the Date of Validity of the insurance Policy/ insurance Certificate	NO-3311/01108489/000/00 Cholamamdalam MS General Insurance co.ltd (ANDERI (EAST) 400059 PHON NO-22-39502626
10	Action taken,if any and the result there of	

N.B.This form Should accompany with allnecessary document viz(1)F.I.R (2)Panchanama (3)Medica Certificate/Post Mortem Report

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