COMP AA FORM

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Rules 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.	247/26 BNS 281,125(A)125(B) MV ACT 184, 3(1)/181
3.	Date Time and place of the accident	18/04/2026 -17.00 AT HATKANALE VILLAGE ON HATKANGALE TO ALTE ROAD NEAR GANESH TEMPLE
4.	Name of the Injured / Deceased	1) SACHIN RAJARAM KAMBLE - 42- INJURED -
5.	Name of Hospital to which he / she was removed	1) BHARATI HOSPITAL SANGLI
6.	Number of vehicles and type of the vehicle	02 1] HERO HF DELUXE -MH 09 -ET-7181 2] ACESS MOTOR CYCLE -MH-51-D-1523
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] SACHIN RAJARAM KAMBLE - 42- INJURED - AT ALTE LICENCE NO - 2] SWARAJ SOMNATH LOKHANDE -26 -AT AALTE- ACCUSED NO LICENSE
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	1] 1] SACHIN RAJARAM KAMBLE - 42- INJURED - AT ALTE 2] 2] SWARAJ SOMNATH LOKHANDE -26 -AT AALTE- ACCUSED
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	BAJAJ ALLIANZ GENERAL INSURANCE COMPANY YERWADA PUNE
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	OG-25-2046-1826-00001075 31/10/2024 TO 30/10/2029
11	Action taken, if any and the result thereof	247/26 BNS 281,125(A)125(B) MV ACT 184, 3(1)/181
		[SACHIN SURYAVANSHI] Inspector of Police HATKANGALE 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