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.	606/25 BNS 106(1),281,125(A)125(B) MV ACT 184,3/181
3.	Date Time and place of the accident	02/12/2025 - 02.15 AT HERLE VILLAGE ON SANGLI TO KOLHAPUR ROAD
4.	Name of the Injured / Deceased	1) KASHILING BAPU HAJARE - DEAD
5.	Name of Hospital to which he / she was removed	- MAYAT -
6.	Number of vehicles and type of the vehicle	01 1] MAHINDRA BOLLERO PICKUP VEHICLE
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] KASHILING BAPU HAJARE - AGE -26 AT POST VADEGAON TAL - SANGOLA DIST-. SOLAPUR -
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	1] SACHIN BASAVANT BURANGE AT POST BURANGE WADI SANGOLA DIST - SOLAPUR
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	CHOLA MS GENERAL INSURANCE MUMBAI
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	3379/04444117/000/00 28/08/2025 TO 27/08/2026
11	Action taken, if any and the result thereof	606/25 BNS 106(1),281,125(A)125(B) MV ACT 184 3/181
		SHRAD MEMANE
		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