

FORM COMP.AA

(see rules 253,253(C),(iii),254(80),255(I)(iv))

REPORT ABOUT THE MOTAR VEHICLES ACCIDENT

1	Name of the Police Station	Kinhvali police station
2	CR.No./TAR/SDE NO.	CR.No. 3/2025,BNS 106(2), 125(A), 125(B), 281 WITH Mv act 184,187
3	Date,time & Place of accident	Date 12/1/2025 Time 13.00 on the road near the cheravali petrolpamp, chervali village, Tal Shahapur, Dist. Thane
4	Name of injured/ <u>Deceased</u> /DEAD	Manish Dashrath Mukane age 21 yrs at- Thile post- Lenad khurd tal- shahapur dist- thane
5	Name of the Hospital to wichHe/She was removed	PHC Kinhvali
6	Number of Vehicle & type of vehicle	1) MH 43 BP 8528 (TATA EICHER) 2) MH-04-KT-8710 (YAMAHA FZ-S MOTERCYCLE)
&7	Name & address of the driver of the vehicle with perticulers of driving license of the said and the address of the Issuing Authority of this said Driving license.The number of Badge in case of public vehicle & the address of the Issuing Authority of the said Badge	Arun Ashok Solse age30 yrs at- post- narivali tal- murbad dist- thane (Licence Found)
8	Name & address of the Owner of the vehicle as it Stands on the date of the accident	1)MH-43-BP-8528 OWMER NAME- SANDIP SHIVAJIRAO BADHE R/O YASHRAJ PARADISE CHS, A- WING, FLAT NO-303, SEC-8-A- AIROLI, NAVI MUMBAI, MAHARASHTRA THANE 400708 2)MH-04-KT-8710 OWNER NAME - RAMESH BHUDHAJI BHOIR AT-THILE POST-LENAD KHURD TAL- SHAHAPUR DIST-THANE
9	Name & addres of the Insurance company with whom the vehicle was insurance & the Divisional office of the said Insurance company	Royal sunddarm Genaral Insurance co Limited
10	Number of insurance policy / insurance certificate and the date of validity of the insurance policy / insurance certificate	VGC1012924000101 VALIDITY – 1/10/2024 TO 30/9/2025
11	Action taken,if any & result of	FIR registered against accuse investigation into to the crime is ongoing
		Ass.Inspector of Police
		Kinhavali police Station
		Thane rural
	N.B-This form should accompany with all the necessary documents (1) FIR (2) Panchanama (3) Medical certificate/postmortem report	