


FORM COMP AA

[See Rules 253 ©, 254 (c) (iii), 254 (80) 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1. Name of the Police Station	:- Kudal
2. CR. NO./LAR No./ SDE No.	:- Cr No - 138/2017
3. Date, Time and place of the accident.	:- 14/06/2017, 16.00 at Mulde Fleety
4. Name of the Injured /Deceased	:- Sachine Krishna Flofete ^{Pawshi}
Name of Hospital to which he/she was removed.	:- R.S.C. Kudal
5. Number of vehicles and type of the vehicle.	:- Quilis - Ga - 015 - 6590
6. 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.	:- Motor cycle no 1107 of 0957 1) Rozio Antony Lima Antoni Lima Ranito house, police ment, Behind St. Michael Church, Veligao North Goa Goa Rto no - Ga-07-20000853 2) Sachine Krishna Flofete -
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- As above driver
9. Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- 1) The new India Insurance Co. of Ltd. Policy no - 14130 0031160 20000 2) also found 4483
10. Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- 16/10/2017
11. Action taken, if any, and the result thereof.	:- Chargesheet file on Quilise driver
	 पोलीस निरीक्षक पोलीस ठाणे, कुडल

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama

(3) Medical Certificate/Post Mortem Report.