

Accident Compensation

Police Station	Ramanand Police Station
CR.No./TAR No./SDE No.	CR NO.58/18 U/S 279,338 ,427,mv act 184
Date time and place of the accident	
Name of the Hospital to which he/she was removed	
Number of vehicles and type of vehicles	
Name and address of 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.	
Name and address of Owner of the vehicle as it stands on the date of the accident	
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	
Action taken,if any, and the result thereof	