

Accident Compensation

Police Station	Chalisingaon Rural Police Station
CR.No./TAR No./SDE No.	CR.NO.24/2018 IPC 279,337,338,427,MVACT 184,134 (B)
Date time and place of the accident	2018-03-29 17:30
Name of the Hospital to which he/she was removed	1. Mahavir hospital 2. Deware hospital 3. Y.P patil hospital
Number of vehicles and type of vehicles	TATA Indigo MH 06 AH 2801
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.	Driver Name. Mustpha shah Nashir sha Age. 29 Add. nur nagar malegaon Driver License No....
Name and address of Owner of the vehicle as it stands on the date of the accident	Rangnath karbhari ulahare Add. eklahre Tel . Dist . Nashik
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	No..
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	No.
Action taken,if any, and the result thereof	The Crime has been Registered and the police Inverstigation is compleTATA Indigo No. MH06 AF 2801 it Accideant 1. sagar baburaw more 2. sachin sahebraw surwanshi 3. bhausahab chindha salunkhe injuerd this above vehicle and dobhai motae garej inspections are complete.