

Accident Compensation

Police Station	Nashirabad Police Station
CR.No./TAR No./SDE No.	38/2017
Date time and place of the accident	
Name of the Hospital to which he/she was removed	sarala hospital jalgaon
Number of vehicles and type of vehicles	honda unicon no mh -30 ar4215 car no mh -19bu 3343
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.	two whillwr owner add prashant keshv nemade bhahwan nagar jalgosn license no mh 3020070070009058
Name and address of Owner of the vehicle as it stands on the date of the accident	prashant nemane bhagwan nager ialgaon acci date 23/8/17 15.45 pm
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	orientle inshurannc compny ltd date 2/8/2017 to 1/8/2018
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	182402/31/2017/2571
Action taken,if any, and the result thereof	both whechile inspection