

Accident Compensation

Police Station	Nashirabad Police Station
CR.No./TAR No./SDE No.	nashirabad ps bhag 5 cr no 32/2017
Date time and place of the accident	2017-08-02 20:30
Name of the Hospital to which he/she was removed	godavari hospitale jalgaon khurd
Number of vehicles and type of vehicles	ape riksh no mh 19 v 9631
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.	owne ape riksh driver shekh vasim shekh kamroddin drivin liseecs no mh 1920100003376
Name and address of Owner of the vehicle as it stands on the date of the accident	owne ape riksh driver shekh vasim shekh kam accdent date 1/8/2017
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	reliance insurans mahadidi past kurhad tal pachora
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	policy no 6005562330000725date 20/10/16 to date 19/1017
Action taken,if any, and the result thereof	inspection this ape riksha and record ps file