

Accident Compensation

Police Station	Nashirabad Police Station
CR.No./TAR No./SDE No.	nashiabad ps bhag 5 cr no 34/2017 ipc 279,304 (a) 337,427
Date time and place of the accident	2017-08-05 11:30
Name of the Hospital to which he/she was removed	godavari hospital jalgoan khurd
Number of vehicles and type of vehicles	desis bajaj bike no mh 19 bl 2217 accused st bus no mh 20 bl 2486
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.	bajaj bike owner name bhaurao yusuf ramjan tadavi add janori tal raver disr jalgoan licens no mh 1920110000568 st bus driver lisencs no mh 28 20080008031
Name and address of Owner of the vehicle as it stands on the date of the accident	yusuf ramjan tadvi bike bajaj no mh-19 bl 2217 accidnd date 5/8/2017
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	bus insurance mstc
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	goverment vot
Action taken,if any, and the result thereof	inspection technackly by rto