Accident Compensation

Police Station	Mehunbare Police Station
CR.No./TAR No./SDE No.	Mehunbare ps CR No.0098/2017 IPC 304(A),279,337,338,M.v.act 184,134b
Date time and place of the accident	2017-07-10 21:00
Name of the Hospital to which he/she was removed	-Rural Hospital Chalisgaon
Number of vehicles and type of vehicles	-Tavera & luxary bus
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.	- luxary bus no. GJ-14 X-3355 Drivar
Name and address of Owner of the vehicle as it stands on the date of the accident	-Pratik dineshabhai Kabra at-gandhi nagar gujrat Date-07-10-17 at 21.00.
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-New india inssureance company limited
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	- Policy no. 302101/31/1663000003345 midnight on 19/08/2018
Action taken, if any, and the result thereof	Sd/ Police Inspector, Police Station, Dist.Jalgaon.