

Accident Compensation

Police Station	Mehunbare Police Station
CR.No./TAR No./SDE No.	-Mehunbare ps -CR No.107/2017 IPC 304(A),279
Date time and place of the accident	2017-11-07 11:15
Name of the Hospital to which he/she was removed	-Rural Hospital Chalisgaon
Number of vehicles and type of vehicles	Milk tanker only
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.	HCV tanker no. MH-19 Z-5117 Drivar- vithhal popat chavvan at-pimpalkotha tal-parola
Name and address of Owner of the vehicle as it stands on the date of the accident	-parag vasantrav more at-theur Tal-parola dist-jalgaon Date-07-11-2017 at-11.15
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	--
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	--
Action taken,if any, and the result thereof	- . Sd/-- Police Inspector, ----- Police Station, Dist.Jalgaon.