

Accident Compensation

Police Station	Nashirabad Police Station
CR.No./TAR No./SDE No.	nashirabad ps motar apghat no -7/2017
Date time and place of the accident	2017-11-28 13:00
Name of the Hospital to which he/she was removed	no injury
Number of vehicles and type of vehicles	inovha car no mh-19-bq-1919
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.	driver name -atul ravindra patil license no mh - 19-20090020524
Name and address of Owner of the vehicle as it stands on the date of the accident	car owner name- jagdish mohan patil
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	united india insurannce company ltd inovha car no mh-19-bq-1919
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	insurance date 19/10/2017 to 18/10/2017
Action taken,if any, and the result thereof	m v act 184 fine rs 1000/-