

Accident Compensation

Police Station	Mehunbare Police Station
CR.No./TAR No./SDE No.	Mehunbare ps cr.no. 117/2017 ipc 304 A ,279 ,337,338 mv act. 184 ,134 b asper
Date time and place of the accident	
Name of the Hospital to which he/she was removed	-Rural Hospital Chalisgaon
Number of vehicles and type of vehicles	Luxury 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.	Luxury bus no. RJ 19 PB 2378 driver name – tejpal bhairaram jat bhaniyani village tal. Pokhran dist. Jaisalmer (R.J.)
Name and address of Owner of the vehicle as it stands on the date of the accident	Garima chaudhari rajsthan , as on13.12.2017
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	cholamandal general insurance co. lmd ,
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	insurance no.200842449408 validity 31.07.2018
Action taken,if any, and the result thereof	. Sd/-- Police Inspector, ----- Police Station, Dist.Jalgaon.