

Accident Compensation

Police Station	Nashirabad Police Station
CR.No./TAR No./SDE No.	nashirabad ps mater apghat no 8/2017
Date time and place of the accident	2017-12-28 21:50
Name of the Hospital to which he/she was removed	no injury
Number of vehicles and type of vehicles	tata tyago MH 19-CU-3436 TRACTOR NO MH -19-T-0131
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.	TATA TIAGO DRIVER NAME -VINAY RAMCHANDRA JAISWAL LICENCE MP 12N2009-0066736
Name and address of Owner of the vehicle as it stands on the date of the accident	TATA TIAGO OWNER NAME VINAY RAMCHANDRA JAISWAL ACCIDWNT DATE 28/12/2017
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	TATA TIAGO INSURANCEICICI LOMBARD GENERAL INSURANCE COMPNY MUMBAI
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	TATA TIAGO INSURANCE DATE 31-10-2017 TO DATE 31-10-2018
Action taken,if any, and the result thereof	M V ACT 184 FINE 1000 RS