

Accident Compensation

Police Station	Chalisgaon Rural Police Station
CR.No./TAR No./SDE No.	92/2017 Ipc 304 (a) 279,337,338,427 MV Act. 184 ,130 (1)/177
Date time and place of the accident	2017-10-16 15:00
Name of the Hospital to which he/she was removed	Deware Hospital Chalisgaon
Number of vehicles and type of vehicles	Appe riksha no.MH19 BU 1703
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.	Anil Sahadu sonwane Add. Hirapur Tel. Chalisgaon Dist.Jalgaon. Driving License No.
Name and address of Owner of the vehicle as it stands on the date of the accident	Anil Sahadu sonwane ADD. Hirapur Tel.Chalisgaon Dist.Jalgaon
Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	No
Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/ Insurance Certificate	NO
Action taken,if any, and the result thereof	The crime has been registered And the police investugation is Complited The Appe Rikshow has hit by the accident the vehicle inspection is complete