

### Accident Compensation

Police Station	JALGAON CITY POLICE STATION
CR.No./TAR No./SDE No.	
Date time and place of the accident	15/2/18 14/45 TO 15/30
Name of the Hospital to which he/she was removed	Indo Amiracan hospital jalgaon
Number of vehicles and type of vehicles	mh--19 vy-9046
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.	rakesh shivdas Baviskar ra rameshor colony jalgaon
Name and address of Owner of the vehicle as it stands on the date of the accident	-
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	police Investigation