

Accident Compensation

Police Station	JALGAON CITY POLICE STATION
CR.No./TAR No./SDE No.	CR NO -54/2018 IPC 279,337,427,MV ACT 134,
Date time and place of the accident	24/3/2018 14/30
Name of the Hospital to which he/she was removed	DR.GHANSHAM KOCHURE MEDICAL FOUNDATION JALGAON
Number of vehicles and type of vehicles	MH-43D-3630 CAR AND MH-19 V-6167 RIKSHA
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.	SAGAR BHIMRAO SALUNKHE RA RAMRAND NAGER,JALGAOPN
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	P I