



**UNION OF INDIA Driving Licence** (UP) (NT)

UP51 20180011210

|  |  |
|--|--|
| <p> <br/> <b>UP</b> </p> <p> <b>UP51 20180011210</b> </p> <p> <b>10/12</b> </p> <p> <b>10/07/2000</b> </p> <p> <b>MUHAMAD IMARAN</b> </p> <p> <b>ISHAK ALI</b> </p> | <p> <b>09/12/2038</b> </p> <p> <b>Unknown</b> </p> |
|--|--|

मुहम्मद इमरान / Son/Daughter/Wife of  
 मुहम्मद इमरान / Son/Daughter/Wife of

UP51 20180011210 UP07273009M.T

|   |  |
|---|--|
| <p>  <b>LMV</b><br/> <b>10/12/2018</b> </p> <p>  <b>MCWG</b><br/> <b>10/12/2018</b> </p> <p> <b>MILL AND POST BANPUR</b><br/> <b>PS LALGANJ</b><br/> <b>Basti, UP - 272177</b> </p> <p> <b>BASTI</b> </p> | <p> <b>UP</b> </p> <p> <b>BASTI</b> </p> |
|---|--|

मुहम्मद इमरान / Issuing Authority Sign  
 मुहम्मद इमरान / Issuing Authority Sign

**DEEPA CHAND TRADERS**  
 NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India  
 State Code: 9 Contact: 7054923970, , ,  
 GSTIN No: 09BKDPP2013C2ZN  
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

|                   |                      |                     |                     |
|-------------------|----------------------|---------------------|---------------------|
| Estimate No.      | 66816-03-REST-0426-3 | Date                | 15-04-2026          |
| Customer Name     | SONU .               | Contact No.         | 6306221213          |
| VIN               | MBLJAW40XPGH02037    | Model               | SUPER SPLENDOR XTEC |
| Insurance Company | Motorsathi Solutions | Reg No.             | UP58AL6476          |
| HMCGL Card No     |                      | HMCGL Card Category |                     |

| S No               | Part Number                                  | HSN No.  | Billing Type | Rate     | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount    | Net Amount      |
|--------------------|--|----------|--------------|----------|-----|--------|--------|---------|--------|------------|-------------|-----------------|
| 1                  | 61300ADG000RS -COWL FRONT NH-1               | 87141090 | Paid         | 702.54   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 829.00          |
| 2                  | 6410AADG010S -SCREEN WIND SUB ASSEMBLY       | 87141090 | Paid         | 330.51   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 390.00          |
| 3                  | 61303ADG000S -FRONT COWL CHROME              | 87141090 | Paid         | 165.25   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 195.00          |
| 4                  | 83402ADG000S -PANEL INNER                    | 87141090 | Paid         | 330.51   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 390.00          |
| 5                  | 33100ADG001S -LIGHT ASSEMBLY HEAD            | 85122010 | Paid         | 3,199.15 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 3,775.00        |
| 6                  | 3340BAAF40099S - WINKERS FR R(W/O BULB)      | 85122010 | Paid         | 118.64   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 140.00          |
| 7                  | 61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R)) | 87141090 | Paid         | 983.90   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 1,161.00        |
| 8                  | 53100AAGA00S -PIPE STRG HANDLE               | 87141090 | Paid         | 429.66   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00        | 507.00          |
| <b>Parts Total</b> |  |          |              |          |     |        |        |         |        |            | <b>0.00</b> | <b>7,386.99</b> |

**Labour Details**

| S No              | Job Code                                       | SAC No. | Billing Type | Rate   | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount  |               |
|-------------------|--|---------|--------------|--------|--------|--------|---------|--------|------------|----------|-------------|---------------|
| 1                 | 102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC | 998729  | Paid         | 800.00 | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 944.00      |               |
| <b>Jobs Total</b> |  |         |              |        |        |        |         |        |            |          | <b>0.00</b> | <b>944.00</b> |

|                  |                 |
|------------------|-----------------|
| Parts Total      | 7,386.99        |
| Labour Total     | 944.00          |
| SGST (Parts) 9%  | 563.41          |
| CGST (Parts) 9%  | 563.41          |
| SGST (Labour) 9% | 72.00           |
| CGST (Labour) 9% | 72.00           |
| <b>Total</b>     | <b>8,330.99</b> |

Rupees in Words: Eight Thousand Three Hundred Thirty and paise Ninety Nine Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only

66816 - Main W/S


भारत सरकार
Government of India


Aadhaar no. issued: 28012014



**सोनू**  
**SONU**  
**जन्म तिथि/DOB: 10/05/2003**  
**पुरुष/ MALE**

**आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।**  
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
**Aadhaar is proof of identity, not of citizenship**  
**or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).**

5591 4033 5882

मेरा आधार, मेरी पहचान


एन.टी.ई.ए. विधिकरण प्राधिकरण
Unique Identification Authority of India


Devaki ID: 1811200000

**जन्म**  
**ग्राम: जुनवा, पोस्ट: देवकली, जिला: कानपुर**  
**जगदीशपुर, मन्सगंज, संत कबीरनगर**  
**उत्तर प्रदेश - 272176**



**Address:**  
 CAO, Junwa, village farendiya, Post devkali  
 kate, Kati Jagadishpur, PO: Ganpatgari,  
 DIST: Sant Kabir Nagar,  
 Uttar Pradesh - 272176

5591 4033 5882

VID : 9177 8679 4360 7705

1947 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ROXPS1600J



नाम / Name  
SONU

पिता का नाम / Father's Name  
JUMRATI

जन्म की तारीख /  
Date of Birth  
10/05/2003

सांजु

17082023

TAN Application Digitally Signed Card No.  
Valid under: Physically Signed



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : POIR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT062TR4Z1)

Table with 2 columns: Field Name and Value. Fields include Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Branch No, Insured State.

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS and INSURED DECLARED VALUE (IDV) (in Rs.). Fields include Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Table with 2 columns: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes various premium and liability items like Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Driving Tuition, Sub-Total Additions, Deductibles, Voluntary Deductibles, Return to Invoice, Key Replacement, Consumables, Sub-Total Add-on Coverages, Net own Damage Premium (A), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-20), Legal Liability to Employers (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Leading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GH36R3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid.

Table with 2 columns: Nominee Details and Payment Details. Includes fields for Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financier Type, Financier Name, Financier Branch, POS Name, POS ID, POS PAN No./Aadhar No.

In the event of a claim under the policy exceeding Rs.100/- or a claim for refund of premium exceeding Rs.100/- the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website. The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website www.orientalinsurance.org.in or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception). Claim is not admissible if driving License is found fake or is not valid whether or not in the knowledge of the insured. I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorized by and on behalf of the company has/have herein to set his/their hands at 252/600 on 26-OCT-25. IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social, domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials. (7) Any Purpose in connection with motor trade. Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989. Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury: Such amount as necessary to meet the requirement of the motor vehicle act 1989. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III. For other - 10-cv is Rs. 0. No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy. I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1988. \* This insurance excludes all pre-existing damages.

Approved By : UNIV@252/600
Approved On : 26-OCT-25
Place : MBT
Printed On : 06-NOV-25
For and on behalf of The Oriental Insurance Company Limited
General Manager
Authorized Signature

**GOVERNMENT OF UTTAR PRADESH**

Transport Department Sant Kabir Nagar

**FORM 23**

**CERTIFICATE OF REGISTRATION**

|                               |   |                         |                     |
|-------------------------------|---|-------------------------|---------------------|
| Registration No               | : UP58AL6476  | Registration Date       | : 31-Oct-2025       |
| Description of Vehicle        | : M-CYCLE/SCOOTER   | Purpose For Printing RC | : NEW               |
| Dealer's Name & Address       | : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , 188-273001        |                         |                     |
| Owner Name                    | : SONU  | Son/wife/daughter of    | : JUMRATI           |
| Full Address: (Permanent)     | : VILL-FARENDIYA, PO-DEVKALI, PS-MAHULI, SANT KABIR NAGAR, UTTAR PRADESH-272176 |                         |                     |
| Full Address: (Temporary)     | : VILL-FARENDIYA, PO-DEVKALI, PS-MAHULI, SANT KABIR NAGAR-UTTAR PRADESH-272176  |                         |                     |
| Fitness UpTo                  | : 30-Oct-2040   | Owner Serial No         | : 1                 |
| <b>Detailed Description</b>   |   |                         |                     |
| Class of Vehicle              | : M-CYCLE/SCOOTER   | Link Vehicle No         | :                   |
| Ownership                     | : INDIVIDUAL  | Nominee Name            | : JUMRATI           |
| Relationship with the Nominee | : Father  | Norms                   | : BHARAT STAGE VI   |
| Maker's Name                  | : HERO MOTOCORP LTD   |                         |                     |
| Front HSRP No                 | : AA2147223563  | Rear HSRP No            | : AA2146734195      |
| Type of Body                  | : SOLO WITH PILLION   | Month/Year of Manuf.    | : 08/2023           |
| No of Cylinders               | : 1   | Chassis No              | : MBLJAW40XPGH02037 |
| Engine No                     | : JA07AMPGH02705  | Fuel                    | : PETROL            |
| Horse Power(BHP)              | : 10.72   | Cubic Capacity          | : 124.70            |
| Maker's Classification        | : SUPER SPLENDOR XTEC D   | Wheel base              | : 1267              |
|                               | R   |                         |                     |
| Seating Cap(in all)           | : 2   | Standing Cap            | : 0                 |
| Sleeper Cap                   | : 0   | Unladen Wt (kgs)        | : 122               |
| Colour                        | : BLACK   | Laden/GV Wt (kgs)       | : 252               |
| Other Criteria                |   | AC Fitted               | : NO                |
| Vehicle Purchase As           | : Fully Built   |                         |                     |

**Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)**

| By Manuf.  | Description | As Regd. | Weight(in kgs) |
|------------|-------------|----------|----------------|
| a) Front:  |             |          |                |
| b) Rear:   |             |          |                |
| c) Other:  |             |          |                |
| d) Tandem: |             |          |                |

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, GORAKHPUR, , Sant Kabir Nagar, Uttar Pradesh-273001 w.e.f. 30-Oct-2025.

|                        |               |                     |                           |
|------------------------|---------------|---------------------|---------------------------|
| Purchase dt            | : 30-Oct-2025 | Sale Amt            | : 76774/-                 |
| OTT Date               | : 30-Oct-2025 | Amount/Rcpt No      | : 7678 / UP58D25100004763 |
| Vehicle is Govt./ Pvt. | : PRIVATE     | Tax Exempted or Not | : NOT EXEMPTED            |
| Date of Approval       | : 27-Dec-2025 |                     |                           |

**Other State/Transfer/Conversion/Reassign Details**

|                |   |                 |   |
|----------------|---|-----------------|---|
| Previous Owner | : | Previous RegNo  | : |
| Old State      | : | Entry Date      | : |
| Transfer Date  | : | Conversion Date | : |

This certificate is valid from 31-Oct-2025 to 30-Oct-2040

Date : 12-Jan-2026 14:05:26

Taxation Particulars / Advance Registration Mark Fee Details

  
 कर/पं. Registering Authority  
 मो.वा.वि.मा. Date: 12-Jan-2026

**Q 6617329**



The Oriental Insurance Company Limited  
 (Incorporated in India, subsidiary of General Insurance Corporation of India)  
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. 252402/31/2026/52370

Tel. No. \_\_\_\_\_

Period of Insurance 26/10/2025 TO 25/10/2030  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : SONU  
 (b) Address for correspondence : Fasendiya Po. Devkali Mahesli SKN.  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

|   |   |  |
|---|---|--|
| Make & Year<br><u>HERO</u><br><u>2025</u> | Engine No. <u>HAHJA07AMPGH02705</u><br>Chassis No. <u>MBLJAW40XPGH02037</u> | Registration No.<br><u>UP58AL</u><br><u>6476</u> |
|---|---|--|

- (a) Was the vehicle in proper working condition? YES  
 (b) For what purpose was the vehicle being used at the time of accident? Personal  
 (c) Was trailer attached? X  
 (d) If a Motor Cycle/scooter X  
 1. Was a side-car attached? X  
 2. Was a pillion rider carried? X

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : \_\_\_\_\_  
 (b) Unladen Weight : \_\_\_\_\_  
 (c) Weight of goods carried/Load Challan No. : \_\_\_\_\_  
 (d) Nature of permit : \_\_\_\_\_  
 (e) Nature of goods carried : \_\_\_\_\_  
 (f) Was the vehicle plying for hire : NA  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे  
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

|     |  |   |
|-----|--|---|
| 1   | Name of the Insured & Mobile No./<br>बीमाधारक का नाम & मोबाइल नं.                          | Sonu  |
| 2   | Vehicle No. / वाहन संख्या  | UP58AL6476  |
| 3   | Policy No. / पालिसी संख्या   | 252400/31/202652370   |
| 4   | Period of Insurance / बीमा अवधि  | 26/10/2025 To 25/10/2030  |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय  | 14/04/2026<br>12:30 PM  |
| 6   | Place of Accident / दुर्घटना का स्थान  | Monakapur   |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं         | Muhamad Imasun<br>UP5120180011210   |
| 8   | Estimated Loss / अनुमानित हानि   | 8330=00   |
| 09. | Cause of Accident / दुर्घटना का कारण :   | फरेस्विया गांव गहुली ले<br>कतसहा आ रहे थे रास्ते में मोलनापुर गांव में लागने ले<br>आ रही मोलनापुर ले डकक लागने ले गाड़ी क्षतिग्रस्त हो<br>गयी । |
| 10  | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम   |   |
| 11  | Third Party Loss / तृतीय पक्ष हानि / FIR No.   |   |
| 12  | Name of the Workshop, Address & Contact<br>No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन<br>नं. | Deep Chand Traders<br>Katsahara<br>7521065310   |

Date / दिनांक :  
हस्ताक्षर

14/04/2026

Signature of Insured / बीमाधारक के

सोनू

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : X  
(b) If yes, give full details : X

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : X  
(b) Did a Police Constable take particulars of The accident? : X  
(c) Was accident reported to Police? If not, Why? : X  
(d) If yes, to which Police Station? : X  
(e) Date and Diary No. : X

10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : NA.  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Policy Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 14/04/2026

Signature of the insured \_\_\_\_\_

सोन

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Muhammad Imran  
(b) Age : 10/07/2000 26 Years  
(c) Address : Vill. banpur Po. banpur. Ps. Ladgany basti  
(d) Is the Driver  
1. Owner : X  
2. paid driver? : X  
3. Owner's relative or friend? : X  
(e) If paid driver, how long has he been in your employment : X  
(f) Was he under the influence of intoxication Liquor or drugs? : X  
(g) Driving Licence Number : UP5120180011210  
(h) Issuing Authority : 0  
(i) Date of Expiry : 09/12/2038  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any : X  
(l) Has he been involved in any accident before? : X  
(m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 14/04/2026  
(b) Place : Molanapuri  
(c) Speed of vehicle at the time of accident : फरो दिमा, गांव से बमबरा झा देवे शक्ति में  
(d) Give a short description of the accident : गोल्डपाप में लगने से आ ही गारामाडकिल में ठोकल  
(e) If any third party was responsible for this accident give the name and address : बमबरे से गाडी आदिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Visor, Inner panel, Winker, Head Light  
(b) Estimated cost of repairs : 8330=00  
(c) When and where can the damaged vehicle be inspected : Deep Chand Traders Katkaha

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : \_\_\_\_\_  
(b) Address : \_\_\_\_\_  
(c) Full Details of personal injury sustained : \_\_\_\_\_  
(d) Name and address of any person/hospital giving medical attention to injured person : NA.  
(e) Full details of property damaged : \_\_\_\_\_  
(f) Has notice of any claim been given to you? : \_\_\_\_\_

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing  
Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received 8330=00 Day of 14/04/2026  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 8330=00  
(In words Rupees आठ हजार तीस जी तीस के शत)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP58AL6476 insured under Policy No. 5237 of  
the said company and accident which occurred on or about \_\_\_\_\_ I/We give  
the discharge receipt to the Company in full and final settlement of all my/our claims  
present of future arising directly/indirectly in respect of the said accident.

Rs. 8330=00

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....