





8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NO  
 (b) If yes, give full details \_\_\_\_\_

9. WITNESS

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

10. THEFT

- (a) Date and Time \_\_\_\_\_  
 (b) Place \_\_\_\_\_  
 (c) What was stolen? \_\_\_\_\_  
 (d) Estimated cost of replacement? \_\_\_\_\_  
 (e) By whom discovered and reported? \_\_\_\_\_  
 (f) Has theft been reported to Police? N/A  
 (g) When? \_\_\_\_\_  
 (h) Which Police 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 B-12-25 200

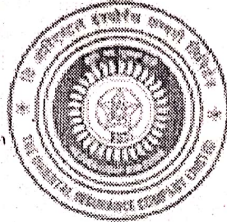
Signature of the insured मिहिरा री

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 \_\_\_\_\_ Day of \_\_\_\_\_ 200\_\_\_\_  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
(In words Rupees \_\_\_\_\_)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP576A0S40 insured under Policy No. \_\_\_\_\_ 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. \_\_\_\_\_

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

Witness

Name .....

Signature .....

Address .....

Signature ..... विश्वनाथ सिंह .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....

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./ बीमाधारक का नाम & मोबाइल नं.	Kishan Singh 9519978183
2	Vehicle No. / वाहन संख्या	4PS7CA0540
3	Policy No. / पालिसी संख्या	2S2400/31/2026/49167
4	Period of Insurance / बीमा अवधि	21-10-25 TO 20-10-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07-12-25 06:30 Pm
6	Place of Accident / दुर्घटना का स्थान	Kushinogam
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJA 4PS720220014064
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	कुशीनोगा से धुएँ धुएँ होकर आते थे हामें से वाइशिनो के टर्कशाप में मिले गए थे हाइवे के किनारे के दुर्घटना।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशाप का नाम, पता & मोबाइल / फ़ोन नं.	VAISHNO MOTOR Kushinogam 9161687734

Date / दिनांक 08-12-25

हस्ताक्षर किशन सिंह

Signature of Insured / बीमाधारक के

किशन सिंह

