

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Sonu Gond
 (b) Age: 1999
 (c) Address: her waliya kushingore
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? Relative
 (e) If paid driver, how long has he been in your employment
 (f) Was he under the influence of intoxication Liquor or drugs? NO
 (g) Driving Licence Number: UPST20150022154
 (h) Issuing Authority: UPST
 (i) Date of Expiry: 04-11-2035
 (j) Was the licence temporary/permanent: Permanent
 (k) Details of endorsement/suspension, if any
 (l) Has he been involved in any accident before?: MIA
 (m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 12-12-2025 07:00Pm
 (b) Place: सपडा
 (c) Speed of vehicle at the time of accident: 25-30/PH
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address: सपडा में दमक मटिया दाव आले के सामने से बाइकने डमक मार के मार मिले जाई लोफर साइड के गरीब कोठे गमी.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Fr. And L Side
 (b) Estimated cost of repairs
 (c) When and where can the damaged vehicle be inspected: Vaishna Motor kushingore

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
 (e) Full details of property damaged
 (f) Has notice of any claim been given to you?
MIA

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? _____

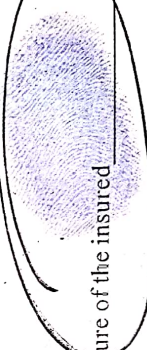
(g) When? N/A

(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 15-12-25


Signature of the insured Vindudevi

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office

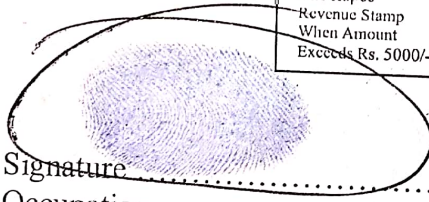


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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. UP57B22S19 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/-



Vindiben

Witness
Name
Signature
Address

Signature
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.	VINDU Devi 8917752972
2	Vehicle No. / वाहन संख्या	4PS7B72S19
3	Policy No. / पालिसी संख्या	2S2900/31/2026/36203
4	Period of Insurance / बीमा अवधि	19-09-25 TO 11-09-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-12-25 07:00Pm
6	Place of Accident / दुर्घटना का स्थान	सपष्ट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu bond 4PS7201S0022154
8	Estimated Loss / अनुमानित हानि	
09: Cause of Accident / दुर्घटना का कारण : सपष्ट से दृष्टात भरिणा दृष्ट आ रहा का सामने से बाइक ने टकरात मात दीना जिससे गाडी लेजर साइड में गिर कर टुट गयी।		
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./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	VAISHNO MOTOR KUSHINAGAR 9161687734

Date / दिनांक : 15-12-25
हस्ताक्षर

Vindu Devi

Signature of Insured / बीमाधारक के

Vindu Devi