

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. \_\_\_\_\_ 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 *[Handwritten Signature]*  
Occupation .....  
Address .....  
.....  
.....

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







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: Beoni

Tel. No.

Certificate/Policy No. 252400/31/2026/3482-3

Period of Insurance 29/08/2025 To 28/08/2026

Claim No.

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

(a) Name : INSURED  
 (b) Address for correspondence : Lahta, Bevi  
 (c) Telephone : 9170443892

2. THE INSURED VEHICLE

Make & Year <u>Hemo-2015</u>	Engine No. <u>HAIIE7SHA62144</u> Chassis No. <u>MBLHAU2253HA57299</u>	Registration No. <u>UP52CH6602</u>
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- (a) Was the vehicle in proper working condition? Yes.  
 (b) For what purpose was the vehicle being used at the time of accident? Personal use.  
 (c) Was trailer attached? Na.  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA.  
 2. Was a pillion rider carried Na.

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  
 (g) If Lorry/Jeep/Tractor, was trailer attached?  
 (h) Number of passengers carried  
 (i) Number of Passenger permitted

NA.

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.	Lalita Devi 9170443892
2	Vehicle No. / वाहन संख्या	UP52CH6602
3	Policy No. / पालिसी संख्या	252400/31/2026/34823
4	Period of Insurance / बीमा अवधि	29/08/2025 TO 28/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/12/25   6.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Madanpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Momti. Farwan - 9170443892 UP5220200004281
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	माता गाड़ी लेकर दुकान से बल झा रहे थे तभी बारात जा रही थी. <del>च</del> हमने गाड़ी रोक लिये बोलते थे साइड से तक्कर मार दिया और गाड़ी फिट कर इतिहास हो गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Na.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Neemal Motom Madanpur 8400875258

Date / दिनांक :  
हस्ताक्षर 05/01/26

Signature of Insured / बीमाधारक

लीलिता