





3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ANKIT - DUBEY  
(b) Age : 28-7-1998  
(c) Address : गौरी बुन्देलखण्ड पोस्ट थियानसर  
(d) Is the Driver  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : ✓  
(e) If paid driver, how long has he been in your employment :  
(f) Was he under the influence of intoxication Liquor or drugs? : NA  
(g) Driving Licence Number : UP 74 20170006819  
(h) Issuing Authority : 24-4-2019  
(i) Date of Expiry : 10-9-2027  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any : NA  
(l) Has he been involved in any accident before? : NA  
(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 29-1-2026  
(b) Place : गुरुबुधपुर गांव के पास  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : गुरुबुधपुर गांव के पास (आड़ी से) (अपमानवा) गांव भिपल  
(e) If any third party was responsible for this accident give the name and address : पडी (उसकी) (अपने) (अपकार) (से) (गडी)

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS - Pen Estimated  
(b) Estimated cost of repairs : 13575  
(c) When and where can the damaged vehicle be inspected : तिवा - मोटर्स टिवा

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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : NA
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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? : \_\_\_\_\_  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_
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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? : \_\_\_\_\_  
(h) Which Policy Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_
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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 3-2-026

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

21319

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 .. राधाच ..  
Occupation .. कृषि ..  
Address .. सुके सुकर .. पीठ  
.. चिभासर .. का-नीप ..

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

पंजाब नैशनल बैंक



punjab national bank

...शरीर का पनीर !

...the name you can BANK upon !

खाता विवरण / ACCOUNT PARTICULARS

MISD Code: 209024351

IFSC Code: PUNB0643300

\*Contact: Toll Free-18001802222 / 18001032222, TOLLIED -0120240000\*

\*Principal Nodal Officer: Phn-01128044907\*

Mode of Operation : SELF

Customer No. : R52482345

Aadhaar No. : XXXXXXXX8539

Account No. : 6433001700317102

INR

MR: RAGHAV

Account : Open Date : 08-01-2025

S/O: SATISH

POST CHIYASAR CHHIBRAMAU,

GURU SAHAGANJ DISTT- KANNAUJ,

UTTAR PRADESH

INDIA

Pin: 209721

Nomination Registered at SL.No. : 1

Date of Issue : 29-03-2025

Each depositor is insured by DICGC up to a maximum, Rs.1.00 lac  
subject to change from time to time. (T&C applicable)

Link your Aadhar Number with SB Account.  
Submit self certified copy of Aadhar Card and Mobile Number.

खाता नं. साथ अपने आधार नंबर को जोड़ें।  
सब सत्यापित प्रति एवं मोबाइल नंबर प्रस्तुत करें।

आधार नं. 1494