

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Devush Kumari
 (b) Age : 31
 (c) Address : _____
 (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 : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP8120140022570
 (h) Issuing Authority : Aligarh
 (i) Date of Expiry : 12/11/2024
 (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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 03/04/2026 (7:00 PM)
 (b) Place : Khandua Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मोटर वाहन चलाते वरताना अचानक ब्रेक लागल्यामुळे वाहन उलटले आणि चालकाला तोंडावरून जखमी झाले.
 (e) If any third party was responsible for this accident give the name and address : _____

आमने से आसि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 17,143/-
 (c) When and where can the damaged vehicle be inspected : Agrawal Auto sales

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? : Nil

8. INJURY TO DRIVER/OCCUPANT

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

NA

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. : _____

NA

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 : _____

NA

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 08/04/2026

Signature of the insured देवीराजुमाते

Accident Department

Policy No. 25240021/2021/57554
Claim No. _____

The Oriental Insurance Co.Ltd.

(INCORPORATED IN INDIA)
Subsidiary to General Insurance Corporation of India
Regd. Office : Oriental House, P.B.No. 7037,
A-25-27, Asaf Ali Road, New Delhi 110 002

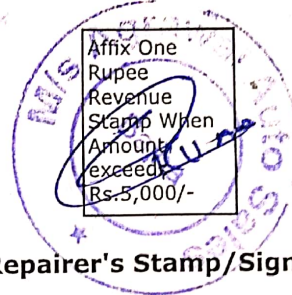
Received from THE ORIENTAL INSURANCE CO.LTD. the sum of
Rupees _____
in full payment of our Bill No. _____ dated _____
for repairs done to Motor Vehicle No. _____ belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

देवेश कुमार

Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
_____ my/our Motor Vehicle No. UP01DY7295
which has been repaired to my/our satisfaction, and I/We admit that the payment of
Rs. _____ made by THE ORIENTAL INSURANCE COMPANY LIMITED
for such repairs is in the full discharge of my/our claim upon the said Company under
its Policy No. _____ in respect of the damage
caused to the said Motor Vehicle in an accident that occurred on or about
the _____ day of _____ 20

Dated this _____ day of _____ 20

The Insured is requested to sign
at two places marked as : X

X देवेश कुमार
Signature of Insured

V-55 BIL