



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. UP 31BR 0065 insured under Policy No. MS/2025/7001/0/46575 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.

433661

Rs. \_\_\_\_\_

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

Witness

Name .....

Signature .....

Address .....

Signature ..... उमा देवी .....

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

iv. Br. Office Address \_\_\_\_\_

Certificate/Policy No. MS/2028/7001/0/46575

el. No. \_\_\_\_\_

Period of Insurance U/S/2028 to 3/3/26  
Claim No. 433661

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

1. INSURED

a) Name : Uma Devi

b) Address for correspondence : Adhachat, Murli, 9 km

c) Telephone : 9792932005

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>25/May/2021</u>	Engine No. Chassis No. <u>JA07ABMGA00541</u> <u>MBLJAW18XMGA01150</u>	Registration No. <u>UP31BR</u> <u>0065</u>
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- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident? YS
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
1. Was a side-car attached
  2. Was a pillion rider carried

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 : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Tej Prakash
- (b) Age : 32
- (c) Address : Poochappur
- (d) Is the Driver :
  - 1. Owner :
  - 2. paid driver? :
  - 3. Owner's relative or friend? : husband
- (e) If paid driver, how long has he been in your employment : \_\_\_\_\_
- (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_
- (g) Driving Licence Number : UP 31 201800 12822
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 11/11/2018 to 31/10/238
- (j) Was the licence temporary/permanent : \_\_\_\_\_
- (k) Details of endorsement/suspension, if any : \_\_\_\_\_
- (l) Has he been involved in any accident before? : \_\_\_\_\_
- (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 : 30/4/2026 @ 5:00 PM
- (b) Place : MARGA CHAUN
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : \_\_\_\_\_
- (e) If any third party was responsible for this accident give the name and address : \_\_\_\_\_

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front Bumper
- (b) Estimated cost of repairs : 11426/-
- (c) When and where can the damaged vehicle be inspected : \_\_\_\_\_

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? : \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? \_\_\_\_\_  
(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? \_\_\_\_\_  
(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? \_\_\_\_\_  
(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 part or future concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Signature of the insured 371

Date 21/9/26 200