

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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? : NO
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

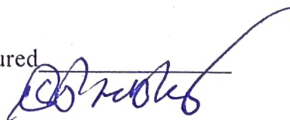
10. THEFT

- (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? : NO
- (g) When? : _____
- (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 09-06-2026

Signature of the insured



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : DINESH KUMAR SRIVASTAVA
 (b) Age : 01-07-1976
 (c) Address : VILL+POST- PADARI, Kushinaga
 (d) Is the Driver
 1. Owner : Owner
 2. paid driver? : / NO
 3. Owner's relative or friend? :
 (e) If paid driver, how long has he been in your employment : NO
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UPS319980003060
 (h) Issuing Authority : GORAKHPUR
 (i) Date of Expiry : 30-06-2026
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? : / NO
 (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 : 01-06-2026 08:45
 (b) Place : हावड़ा में गोरीवाजा (भाकेली) के नाम से रायपुर रोड
 (c) Speed of vehicle at the time of accident : Road Side Stand
 (d) Give a short description of the accident : अपनी गाड़ी रोड के किनारे खड़ा करके किसी कार्य वजह से किनारे
 (e) If any third party was responsible for this accident give the name and address : खड़ा था तभी एक आगे वाला लड़का मिला चिक्के से टक्कर मारी
 किचन सिमसे गैरी गाड़ी टिटर गरी जी.प. धर्ममल्ल रो. गयी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS per estimate
 (b) Estimated cost of repairs : NO
 (c) When and where can the damaged vehicle be inspected : J.P. AUTOMOBILES HATA
 Kushinaga 9838770785

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 : NO
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :



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 _____

Certificate/Policy No. MS/2025/7001/0146575/454635

Tel. No. _____

Period of Insurance 12-07-2025 To 11-07-2026

Claim No. _____

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 : DINESH KUMAR SRIVASTAVA
 (b) Address for correspondence : VILL+POST- PADARI, DIST- KUSHINAGAR
 (c) Telephone : 9452045193

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTORCORP</u> <u>2018</u>	Engine No. <u>HA10AC3HF61761</u> Chassis No. <u>MBLHAR1B45HF20767</u>	Registration No. <u>UP57AM</u> <u>4683</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried NO

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 : _____ NO
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

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.	DINESH KUMAR SRIVASTAVA 9452043193
2	Vehicle No. / वाहन संख्या	UP57AM4663
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/454635
4	Period of Insurance / बीमा अवधि	11-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-06-2026 03:45 PM
6	Place of Accident / दुर्घटना का स्थान	जोरी बाजार रेलवे डाला पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DINESH KUMAR SRIVASTAVA UP5319980003860 9452043193
8	Estimated Loss / अनुमानित हानि	AS per estimates
09.	Cause of Accident / दुर्घटना का कारण :	हावा से मेरी जोरी बाजार मार्केटींग के काम से गये थे जो मेरी अपनी गाड़ी रोड के किनारे खड़ा करके किसी कार्यवाही के किनारे खड़ा था तभी वह आगे वाला तेज चलकर पिछे से बक्का मार दिया जिससे मेरी गाड़ी गिर गयी और क्षतिग्रस्त हो गयी।—
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	J.P. AUTOMOBILES HATA Kushinagar 9838770755

Date / दिनांक : 09-06-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

