

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, 33/33A, Connaught 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 _____ If we give
the discharge receipt to the Company in full and final settlement of all my/our claims
present or future arising directly/indirectly in respect of the said accident.

Rs. _____

For Witness
Name _____
Signature _____
Address _____

Witness
Name _____
Signature _____
Address _____

Signature Alexis S. Sathya
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____

8. INJURY TO DRIVER/OCCUPANT

(a) Was anyone injured or killed?
If yes, give full details.

(b) Give names and addresses of passengers/other witnesses, if any.

(c) Did a Police Constable take particulars of the accident?

(d) Was an accident reported to Police? If not, why?

(e) If yes, to which Police Station?

(f) Date and Diary No.

9. WITNESSES

(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) Which Police Station?

(h) Which Policy Number?

(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 hereby declare that I/we shall make any false or fraudulent statement of any suppression or concealment in respect of the above facts and circumstances. The Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 13/11/25 200

Signature of the insured

Abhishek Jain

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name Felimon Dubois
 (b) Address Dalmeida, Matheus, S. de Almeida, Beberia,
 (c) Is the Driver No
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?

(c) If paid driver, how long has he been in your employment

(d) Was he under the influence of intoxication (alcohol or drugs)?

(e) Driving License Number UP22-0350147-01

(f) Issuing Authority Beberia

(g) Was the license temporary/permanent? Permanent

(h) Details of consequences of any previous accident? No

(i) Has he been involved in any accident before? No

(j) Has he been charged by the police? If no, why? No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 6/11/25 - 7.00 PM

(b) Place of accident: road

(c) Give a short description of the accident: the car was hit by a truck and the car was damaged

(d) If any third party was responsible for this accident give the name and address No

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage

(b) Estimated cost of repairs

(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?

ACTOR CLAIM FORM

Div. Br. Office Address: Deoria Certificate Policy No: 252106/21/200429932
Tel. No. Period of Insurance: 15/07/25 To 14/08/26
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: Atul Singh Yadav
(b) Address for correspondence: Busthi, Mohanpur, Mandampur, Deoria
(c) Telephone: 9578965546

2. THE INSURED VEHICLE

Make & Year: Hemo-2005 Engine No: HAI1F63HF23957 Registration No: UPSL4H2082
Chassis No: MBLHAW4724HFC5235

- (a) Was the vehicle in proper working condition? No
(b) For what purpose was the vehicle being used at the time of accident? Personal use
(c) Was trailer attached? No
(d) If a Motor Cycle/mopster
1. Was a side-car attached No
2. Was a pillion rider carried No

III. 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 Chitlan No.
(d) Nature of permit
(e) Nature of goods carried
(f) Was the vehicle being used for hire
(g) If Lorry/Deep Trailer, was trailer attached?
(h) Number of passengers carried
(i) Number of Passenger permitted

To / सेवा में,
The Oriental Insurance Co Ltd,
हि ओरिएण्टल इश्योरंस 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.	Abhishek Jaiswal. 9598946546
2	Vehicle No. / वाहन संख्या	UP52-CH2862-
3	Policy No. / पॉलिसी संख्या	252400/31/2026/27932
4	Period of Insurance / बीमा अवधि	15/07/25 To 14/07/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/11/25 - 07:00 PM
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.	Udaihem Dabhot - 9598946546 UP5220250014701
8	Estimated Loss / अनुमानित हानि	
09	Cause of Accident / दुर्घटना का कारण:	मैंर दोहन मोटेलन डूबे हमारी गाड़ी ब्रेक खराब हो जाय को बट दबा रहे थे लकी जैसे मानपुर मोराह पर पहु तब तक ड्राइवानक से हमारी गाड़ी को साफत एक ब्रुलेट वाला अपनी गाड़ी न्यायापना ड्राइव हम उसने एकताप्य जिससे हमारी गाड़ी कतिमत हमारे दुकान
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Narend Motorn Madanpur- 9400 87 5256

Date / दिनांक : 13/11/25

हस्ताक्षर

Signature of Insured / बीमाधारक के

Abhishek Jaiswal