

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  
Rupee Stamp  
When Assured  
Exceeds Rs. 5000/-

Witness

Name .....

Signature .....

Address .....

Signature सविता कौशिकी

Occupation .....

Address .....

.....

.....

Bank Account Number .....

Name of the Bank .....

# 8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NA  
 (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? NA \_\_\_\_\_  
 (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 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 07/11/25 200

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

शालिम कुँइशी

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 Deoria.

Certificate/Policy No. M4/2025/70010146575/466981

Tel. No.

Period of Insurance 21/09/25 TO 20/09/26  
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 Salim  
(b) Address for correspondence State bank hall Azad megar ward No. 10 - Barha/Deoria.  
(c) Telephone 9369777319

2. THE INSURED VEHICLE

Make & Year <u>Hemo - 2024</u>	Engine No. <u>HA11E7KHA46007</u> Chassis No. <u>MBLHAW22XKHA45675</u>	Registration No. <u>UP52CB4931</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? personal use  
(c) Was trailer attached? Na  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached Na  
2. Was a pillion rider carried Na

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

Na

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name MD. Megdal Aunish  
 (b) Age 38  
 (c) Address W/N L Azad Nagar uttara karnal hasan Deothi.  
 (d) Is the Driver  
 1. Owner Yes  
 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)  
 (g) Driving Licence Number VPS220160001429  
 (h) Issuing Authority Deoria  
 (i) Date of Expiry 27/01/2036  
 (j) Was the licence temporary/permanent Permanent  
 (k) Details of endorsement/suspension, if any No  
 (l) Has he been involved in any accident before? No  
 (m) Has he been charged by the policy? If so, 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 01/11/25  
 (b) Place Nazara Chauraha  
 (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 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?



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्सुरेंस 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.	Salim 9369777319
2	Vehicle No. / वाहन संख्या	UP52CB4931
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/466981
4	Period of Insurance / बीमा अवधि	21/09/25 TO 20/09/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	<del>01/11/25</del> 11.00 AM 01/11/25
6	Place of Accident / दुर्घटना का स्थान	Nagarra Chauraha.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mond. Salim - 9369777319 UP5220150005463
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैं वा से भरवली जा रहा था उसी रास्ते में नगरा-चौराहा पड़ा है उसी चौराहे पर हमारे गाड़ी में फिरे से एक बोलरोवावा ने टोकर मारी जिससे हमारी गाड़ी सामने एक खम्बे से जा काटकर गई और जिससे क्षतिग्रस्त होगई ?
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Na.
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Neelanj Motors Madampur 8400 875256

Date / दिनांक :  
हस्ताक्षर 07/11/25

Signature of Insured / बीमाधारक के

सलिम गुरैसी