

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.	Rajesh Kadhariya 8826471261
2 Vehicle No. / वाहन संख्या	UP76 AW 4867
3 Policy No. / पॉलिसी संख्या	252400/31/2026/51935
4 Period of Insurance / बीमा अवधि	25/10/25 - 24/10/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	23/02/26 - 1:00 PM
6 Place of Accident / दुर्घटना का स्थान	लोको रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vihal Kashyap UP76 202000005986
8 Estimated Loss / अनुमानित हानि	9870/-
09. Cause of Accident / दुर्घटना का कारण: 2वां फुल के लोको जाले लामपे खाने के लोको शुद्ध अर्थात् बाइक वाले के टैक्सी माल की टैक्सी में जाड़ी गिर कर झोटे गिरा हो गयी / मेरी जाड़ी मेरी झोलेका ले जाया था पंचल से	
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	Gupta Auto Dealers 744/2 Barapur Farrukhabad 8874481234

Date / दिनांक : 24/02/26
हस्ताक्षर

Signature of Insured / बीमाधारक के
Rajesh Kadhariya





The Oriental Insurance Company Limited
 (Incorporated in India subsidiary of General Insurance Corporation of India)
 Regd Office: Oriental House, P.O. No 7037, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

Dist. Br. Office Address _____

Certificate Policy No 252400/31/2026/51935

V.C. No _____

Period of Insurance 25/10/25 - 24/10/26
 Claim No _____

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

1. THE INSURED

(a) Name Rajesh Kadheriya
 (b) Address for correspondence Maseni Gaon Khanpur Madhya Farrukhabad
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HANFGSHJ60584</u> Chassis No. <u>MBL HAW472SHJ69581</u>	Registration No. <u>UP76AW</u> <u>4867</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? _____
 (d) If a Motor Cycle/scooter no
 1. Was a side-car attached no
 2. Was a pillion rider carried no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)

- The following questions need be answered in commercial vehicles only
- (a) Registered GVW 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 plying for hire
 - (g) If Lorry/JEEP/Tractor, was trailer attached?
 - (h) Number of passengers carried
 - (i) Number of Passengers permitted

NA

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name: Nihal Kashyap
 (b) Age: 30
 (c) Address: 50/78 Kanisham Colony Farrukhabad
 (d) Is the Driver:
 1. Owner
 2. Paid driver
 3. Owner's relative or friend? Relative
 (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: UP7620205505986
 (h) Issuing Authority: Farrukhabad
 (i) Date of Expiry: 18/03/2036
 (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: 23/02/20 - 1:00 PM
 (b) Place: लोनी रोड
 (c) Speed of vehicle at the time of accident: 40
 (d) Give a short description of the accident: खानपुर के लोनी जाने लम्बे सामने के नेज रस्ताल आती कारन वाले ने एकाद माल की डकैत मेरी कार को लूट लिया है।
 (e) If any third party was responsible for this accident give the name and address: है नहीं।

6 DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 3870/-
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealers Farrukhabad

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? NA

8. INJURY TO DRIVER OR CUPANI

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

✓ N/A

9. WITNESS

- (a) Give names and addresses of passengers/other witness, if any

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

N/A

- (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

✓ N/A

I, the above named do hereby, to the best of my own knowledge and belief, warrant the truth of the foregoing statement every respect and if 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 past or future accident shall be forfeited.

Date 24/02/26 700

Signature of the insured
RAJESH KACHARIYA



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. 76AW 4867 insured under Policy No. 252400/31/2026/51935
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/-

Signature Rakesh Kadherija
Occupation _____
Address _____

Witness
Name _____
Signature _____
Address _____

Bank Account Number _____
Name of the Bank _____