

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.	Adarsh Kumar 9454941890
2 Vehicle No. / वाहन संख्या	UP 76 AX 1216
3 Policy No. / पालिसी संख्या	252400/31/2026/66758
4 Period of Insurance / बीमा अवधि	19/12/25 - 18/12/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	16/04/26 - 1:25 PM
6 Place of Accident / दुर्घटना का स्थान	Thandi sadak Road
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Adarsh Kumar UP 76 202400008109
8 Estimated Loss / अनुमानित हानि	13000/-
09. Cause of Accident / दुर्घटना का कारण:	फर्रुखाबाद से फतेहगढ़ जाते समय रास्ते में जानवर आने की वजह से स्कूटी फिसल गई और गिरकर क्षतिग्रस्त हो गई।
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, 74/2, Borthpur FBD. 8874481234

Date / दिनांक : 21/04/26
हस्ताक्षर



आदर्श कुमार
Signature of Insured / बीमाधारक के



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, Agal Ali Road, New Delhi 110 002

MOTOR CLAIM FORM

To: Be Office Address

Certificate Policy No.

252400/31/2026/66758

Tel. No.

Period of Insurance

19/12/25 - 18/12/26

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

Name
 Address for correspondence
 Telephone

Adarsh Kumar
 New Fauji Colony loco road Bholepur Fatehgarh
 FBD.

2. THE INSURED VEHICLE

Make & Year	Engine No. EG0001S6M04188 Chassis No. MBLCEW064S6M03551	Registration No. UP 76 AX 1216
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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:
 - (i) Was a side-car attached? **NO**
 - (ii) Was a pillion rider carried? **NO**

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)

- (a) Following questions need be answered in commercial vehicles only
- (b) Actual load weight
- (c) Net load weight
- (d) Weight of goods carried; Load Capacity
- (e) Nature of petrol
- (f) Nature of goods carried
- (g) Was the vehicle plying for hire
- (h) If Lorry/Tractor, was Trailer attached?
- (i) Number of passengers carried
- (j) Number of Passengers permitted

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name: Adarsh Kumar
(b) Age: 26 Years
(c) Address: New Fauji Colony Loco Road Bhalepur Fatehgarh
Farrukhabad.
(d) Is the Driver:
1. Owner: Owner
2. Paid driver:
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: UP76 20240008109
(h) Issuing Authority: Farrukhabad
(i) Date of Expiry: 10/06/2040
(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? NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- Date and Time: 16/04/26 - 1:25 PM
Place: Thandi sadak
Speed of vehicle at the time of accident: 25 km/h
Give a short description of the accident: फरुखाबाद से फतेहगढ़ जाते समय जानवर की वजह से रकूटी पिसालकर ठार गई और क्षतिग्रस्त हो गई।
(c) If any third party was responsible for this accident give the name and address:

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage: As per Estimate
(b) Estimated cost of repairs: 13000/-
(c) When and where can the damaged vehicle be repaired: Gupta Auto Dealers, 74/2, Barhpura, 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 paying 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 HIS PROPERTY PART

- (1) Was driver or any occupant injured?
- (2) If yes, give full details

NA

9 WITNESS

- (1) Give names and addresses of passengers other than witness if any

- (2) Did a Police constable take particulars of the accident?

NA

- (3) Was accident reported to Police? If not, Why?

- (4) If yes, to which Police Station?

- (5) Date and Diary No.

10 THEFT

- (1) Date and Time
- (2) Place
- (3) What was stolen?
- (4) Estimated cost of replacement?
- (5) By whom discovered and reported?
- (6) Has it been reported to Police?
- (7) When?
- (8) Which Police Station?
- (9) C.R. diary Number

NA

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 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 hereunder in respect of past or future accident shall be forfeited.

21/04/26

Signature of the Driver

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. UP76AX 1246 insured under Policy No. 252400/83/2024/66758
the said company and accident which occurred on or about _____ 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

Stamp: The Oriental Insurance Company Limited, New Delhi

Witness
Name: _____
Signature: _____
Address: _____

Signature: मिहिर शिवाजी
Occupation: _____
Address: _____

Bank Account Number: _____
Name of the Bank: _____