


To / सेवा में.
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

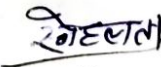
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Sneh Lata Mishra 8303114127
2 Vehicle No. / वाहन संख्या	UP 76 AX 0406
3 Policy No. / पालिसी संख्या	252400/31/2026/64508
4 Period of Insurance / बीमा अवधि	03/12/25 - 02/12/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	19/05/26 - 6:30 PM
6 Place of Accident / दुर्घटना का स्थान	Faroukhabad Road
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Abhishek Mishra, UP76 20150009424
8 Estimated Loss / अनुमानित हानि	9360/-
09. Cause of Accident / दुर्घटना का कारण:	चौक से घर आते समय अचानक रास्ते में सॉड आ गया। उसे बचाने के चक्कर में Bike slip हो गयी। और गिरकर क्षतिग्रस्त हो गई।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	Supta Auto Dealers, 740/2, Baitpur, FBD. 8874481234

Date / दिनांक : 21/05/26
हस्ताक्षर 


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.B. No 7037, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

Dist. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/64500

Tel. No. _____

Period of Insurance 03/12/26 - 02/12/26

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

(1) Name Sneh Lata Mishra
 (2) Address for correspondence C/O Paramod Kumar Ghansamu Khan, Farukhabad, (U.P.)
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HA11 F2SHK17147</u> Chassis No. <u>MBLHAW418SHK12039</u>	Registration No. <u>UP76 AX 0406</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
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

3. 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 petrol
 (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 Abhishek Mishra
 (b) Age 29 Years
 (c) Address Rajeev Gandhi Nagar 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 No
 (f) Was he under the influence of intoxication (Alcohol or drugs)? No
 (g) Driving Licence Number UP76 20150009424
 (h) Issuing Authority Farrukhabad
 (i) Date of Expiry 05/08/35
 (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 police? 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 19/05/26 - 6:30 PM
 (b) Place Farrukhabad Road
 (c) Speed of vehicle at the time of accident 20 Km/h.
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address
चौक से दूर जाते समय अचानक रास्ते में सॉड आ गया उसे बचाने के चक्कर में Biker slip हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per Estimate
 (b) Estimated cost of repairs 9360/-
 (c) When and where can the damaged vehicle be inspected Gupta Auto Dealers, 740/2, Barhpur, FBD.

7. THIRD PARTY INJURY PROPERTY DAMAGE

(a) Name
 (b) Address
 (c) Full Details of personal injury sustained
 (d) Name and address of any person hospitalizing medical attention to injured person
 (e) Full details of property damaged
 (f) Has notice of any claim been given to you?

NA

8. INQUIRY TO DRIVER OR CUPANT

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

NA

9. WITNESS

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

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

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

- (d) If yes, to which Police Station?
- (e) Date and Diary No.

NA

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? When?
- (g) Which Police Station?
- (h) C.P. diary Number

NA

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 21/05/26 2/8

इनेश्वर

Signature of the insured

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. UP76AX0406 insured under Policy No. 252400/31/2026/64508 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
Kewala Stamp
When Amount
Exceeds Rs. 1000

Witness
Name
Signature
Address

Signature [Handwritten Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank