

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.	Usha Devi 9916464607
2	Vehicle No. / वाहन संख्या	UP53FJ1708
3	Policy No. / पालिसी संख्या	252400-31/2026/15763
4	Period of Insurance / बीमा अवधि	20-05-2025 To 19-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02-12-2025 - 03:00 PM
6	Place of Accident / दुर्घटना का स्थान	Jaldypatti (Sikariganj)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Aditya Dubey 9936424629
8	Estimated Loss / अनुमानित हानि	5744/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं आदित्य दुबे सिकरिगंज से मार्केट कर के वापस अपने घर आ रहे थे रास्ते में जदूपट्टी गांव से होकर जाते समय रास्ते में सामने से अन्यायक एक नीलगाय आ गया जिससे गाड़ी धोकर नीलगाय से टकरा गयी और यह दुर्घटना हुयी और बाइक डैमेज हो गयी पलटु चोट लगने से काफी ब्याव हुआ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Kamla Motors Kushi Bazar 0756523330

उषा देवी

Signature of Insured / बीमाधारक के

Date / दिनांक : 09-12-2025
हस्ताक्षर

Akumar

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Aditya Dulcey
(b) Age : 33
(c) Address : Ekdanga, Shakhwa Bazar, Ghatkothpur
(d) Is the Driver
1. Owner : No
2. paid driver? : No
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 Liquor or drugs? : No
(g) Driving Licence Number : UD5320210020357
(h) Issuing Authority : 21-08-2031
(i) Date of Expiry : 11-12-2032
(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 : 02-12-2025 - 03:00 PM
(b) Place : Jaddupatti (Sikariganj)
(c) Speed of vehicle at the time of accident : 30-35
(d) Give a short description of the accident : नीलगाय से टकरा
(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 : At Estimate
(b) Estimated cost of repairs : 5744-1
(c) When and where can the damaged vehicle be inspected : Kamla Motors

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 : No
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
(b) If yes, give full details : No

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? : No
(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? : No
(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 09-12-2025

Signature of the insured असा देवी

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. 5744/-

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature अष्टा देवी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank