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10/12/2025

193204M
~~10/12/2025~~

To / शेता में,
The Oriental Insurance Co Ltd /
वि ओरिएण्टल इश्योरंस 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 स्पोर्ट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	शुगर-लाला पता (20005015739)
2	Vehicle No. / वाहन संख्या	UP74-FIN 6012
3	Policy No. / पालिसी संख्या	202400-31-2025-97540
4	Period of Insurance / बीमा अवधि	23-3-2025 से 24-3-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8-12-2025 सुबह 11:00
6	Place of Accident / दुर्घटना का स्थान	मीरजापुर के पास
7	Name of the Driver, D L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राजेश-लाला पता (UP74-20020000 272)
8	Estimated Loss / अनुमानित हानि	16954
09.	Cause of Accident / दुर्घटना का कारण :	मीरजापुर के पास जाते वही एकान्त ह-डिब्बा बजाया गया था थिंकिंग कि ड्राइ-ब्रेकिंग होकर गिर गयी लुका-पताश डीबी-जाडी शुगर लाला पता लेकर गये थे.
10	Spot Survey / स्पोर्ट सर्वे / स्पोर्ट सर्वेयर का नाम	
11	Thlrd Party Loss / तृतीय पक्ष हानि / FIR No.	111 विभी- मोटर्स टिडी
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(8707683225)

शुगर-लाला पाल

Date / दिनांक : 10-12-2025
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

Div. Br. Office Address मेरठ

Certificate/Policy No. 252400-31-2025-97540

Tel. No.

Period of Insurance 25-3-2025 से 24-3-2026
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 : बुजान लाल - एल 109 A
(b) Address for correspondence : मेरठ रिपब्लिक मताली कनीला
(c) Telephone : 9005015739

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. = <u>HATIE7SHA43506</u> Chassis No. = <u>MBLHAL0225SHA85149</u>	Registration No. <u>UP74-AM</u> <u>6413</u>
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- (a) Was the vehicle in proper working condition? -- NA
(b) For what purpose was the vehicle being used at the time of accident? -- Personal
(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 to 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 : सुगर-वाला - पत्नी
 (b) Age : 156-1969
 (c) Address : सफर - गिरगापुर महीला न-गोल
 (d) Is the Driver
 1. Owner :
 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? : NA
 (g) Driving Licence Number : UP74200200000272
 (h) Issuing Authority : 17-8-2024
 (i) Date of Expiry : 16-8-2029
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before? : NA
 (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 8-12-2025 सुबह 11:00
 (b) Place : गिरगापुर के पास
 (c) Speed of vehicle at the time of accident : 40 K.M
 (d) Give a short description of the accident : से गिरगापुर के पास एक
 (e) If any third party was responsible for this accident give the name and address : से E-रिक्शा वाला का गलत.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS-Per Estimated
 (b) Estimated cost of repairs : 16954
 (c) When and where can the damaged vehicle be inspected : किरा - मोरवा डिपो

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 : NA
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVERS/OCCUPANTS

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

9. WITNESSES

- (a) Give names and addresses of passengers/other witnesses, if any _____
- (b) Did a Police Constable take part in the accident? _____
- (c) Was accident reported to Police? If not, Why? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Entry 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. Entry 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 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 10-12-02S

Signature of the insured

सुर-लाल पल

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
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *सुजान - वाता - पाल*
Occupation *ड्राइवर*
Address *महात्मा जवाहर लाल नेहरू रोड, दिल्ली* *एलीजी*
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Bank Account Number
Name of the Bank



IDBI BANK LTD., 245, ASHOK NAGAR, NEAR POLICE
LINES ROAD CROSSING, KANUNJAJ - 209725, UP KANUNJAJ UTTAR PRADESH - 209725
IFS CODE : IBKL0001198

PAY

रुपये RUPEES

08/08/2022

ब्रान्च A/c No.	1198104000039978
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Savings
Payable At Par At All IDBI Bank Branches

अदा करें।

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VALID FOR THREE MONTHS ONLY

D	D	M	M	Y	Y	Y	Y		

या धारक को OR BEARER

SUGHAR LAL PAL

Please sign above

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