

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.	Sachin Kumar 6354619754
2	Vehicle No. / वाहन संख्या	UP76AU 5120
3	Policy No. / पालिसी संख्या	25240031/2005/81360
4	Period of Insurance / बीमा अवधि	29/01/25 To 28/01/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/25 8:15 AM मोनफ्री गैस
6	Place of Accident / दुर्घटना का स्थान	UP8420230008692
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Bhambha Singh 6354619754
8	Estimated Loss / अनुमानित हानि	15650
09.	Cause of Accident / दुर्घटना का कारण :	मेरे यशाय की वजह से मोनफ्री में वाहन गिरा डाटा है की लकी मोनफ्री गैस फट गई मे एक सिक्का वाले ने वाहन से टक्कर मारी भारी वाहन टकराए गए हैं। इवाइल से लकी मारने।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Bre Pass Road Karambha Ajayvel Agents 8005440896

Date / दिनांक : 10/12/25
हस्ताक्षर

सुधीर

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 Mumbai Certificate/Policy No. 25240031/2025/01360
 Period of Insurance 29/01/25 To 28/01/26
 Claim No. _____

Tel. No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please answer All relevant questions fully

1. INSURED Sudhita Karmet
 Name Teacher belonging to family (F.B.D)
 Address for correspondence _____
 Telephone _____
6354019754

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11F1RKM23335</u>	Registration No. <u>UP 76</u> <u>AU5120</u>
	Chassis No. <u>MBLMAW40XSHA01614</u>	

(a) Was the vehicle in proper working condition? NA
 (b) For what purpose was the vehicle being used at the time of accident? As per Estimator
 (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 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? NA
- (h) Number of passengers carried _____
- (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Birendra Singh
 (b) Age : 27
 (c) Address : Anapura Mainpuri Uttar Pradesh
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Relative (21/11/14)
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? :
 (g) Driving Licence Number : C98420230008692
 (h) Issuing Authority : Mainpuri
 (i) Date of Expiry : 31/12/2037
 (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 : 28/12/25 8:15 AM
 (b) Place : गुहागढ़ रोड पर
 (c) Speed of vehicle at the time of accident : 40-45 किलोमीटर प्रति घण्टा
 (d) Give a short description of the accident : दोनों गाड़ियाँ रोड पर एक-दूसरे से टकराईं।
 (e) If any third party was responsible for this accident give the name and address : दोनों गाड़ियों में से किसी एक के ड्राइवर की गलती।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimator
 (b) Estimated cost of repairs : 15650
 (c) When and where can the damaged vehicle be inspected : Aparna Autos

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : Birendra Singh
 (b) Address : Anapura Mainpuri Uttar Pradesh
 (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 : NA
 (f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : NA
(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? : NA
(g) When? : _____
(h) Which Policy 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 08/12/2025

Signature of the insured सुधीर

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 श.प्र.र.
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank