

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 6394373749
2 Vehicle No. / वाहन संख्या	UP76AW8665
3 Policy No. / पालिसी संख्या	252400/31/2026/60/39
4 Period of Insurance / बीमा अवधि	17/11/25 - 16/11/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	5/12/25 - 8:30 AM
6 Place of Accident / दुर्घटना का स्थान	घर के बगैचे
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Praveen Kumar UP7420070003228
8 Estimated Loss / अनुमानित हानि	7220/-
9 Cause of Accident / दुर्घटना का कारण : गाड़ी छात्रेग्रहण हो गयी घर के बगैचे लिए हो कर भेरी गाड़ी में थर्ड चला रहा था।	
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers 74012 Bashpur Farukhabad 8874481234

Date / दिनांक : 11/12/25  
हस्ताक्षर

उषा देवी  
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 7017, A-25/25, Anand Road, New Delhi-110 002

MOTOR CLAIM FORM

Dist. Br. Office Address \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/60139

LC No. \_\_\_\_\_

Period of Insurance 17/11/25 - 16/11/28

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 Usha Yadav  
 Address for correspondence Gram musakhiriyu moosakhina Farrukhabad  
 Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

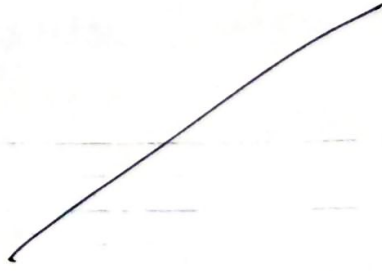
Make & Year <u>2025</u>	Engine No. <u>JF17EYSGJ08652</u> Chassis No. <u>MGLSFN439SGJ08678</u>	Registration No. <u>UP76AW</u> <u>8665</u>
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- 1. Was the vehicle in proper working condition? Yes
- 2. For what purpose was the vehicle being used at the time of accident? Personal use
- 3. Was trailer attached? \_\_\_\_\_
- 4. If a Motor Cycle/scooter NO
  - 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:

- 1. Registered laden weight
- 2. Current Weight
- 3. Weight of goods carried/Load Challan No.
- 4. Nature of period
- 5. Nature of goods carried
- 6. Was the vehicle plying for hire
- 7. If Lorry/Jeep/Tractor, was trailer attached?
- 8. Number of passengers carried
- 9. Number of Passenger permitted



NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name Praveen Kumar  
 (b) Age 41  
 (c) Address Villkheda Po. Sikandar Pur Kannauj F.K.D  
 (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 N/A  
 (f) Was he under the influence of intoxication (Liquor or drugs)? NO  
 (g) Driving Licence Number UP7420070003228  
 (h) Issuing Authority Kannauj  
 (i) Date of Expiry 11/07/2027  
 (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 5/12/25 - 8:30 AM  
 (b) Place CR के बाहर  
 (c) Speed of vehicle at the time of accident  
 (d) Give a short description of the accident गाड़ी धर के बाहर हिल्ये हे कार को नियंत्रण हे नहीं।  
 (e) 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 7220/-  
 (c) When and where can the damaged vehicle be inspected Gupta Auto Dealers Farukhabad

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?

N/A

8 INJURY TO DRIVER/OCCUPANT

- (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?

No

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

NA

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the above reporting 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 past or future accident shall be forfeited.

Date 11/12/25 200

अना देवी  
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. 76AW8665 insured under Policy No 252400/31/2026/60133  
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. \_\_\_\_\_

Four Rupees  
Rupees Four  
Rupees Four  
Rupees Four

Witness  
Name .....  
Signature .....  
Address .....

Signature अषा देवी  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....