

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

Sir / महोदय, Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SHARLESH KUMAR MISHRA 7571861977
2	Vehicle No. / वाहन संख्या	UPSG BC 4022
3	Policy No. / पालिसी संख्या	252460/31/2026/ 13720 13720
4	Period of Insurance / बीमा अवधि	14/05/2025 to 13/05/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 समय 9:10 AM
6	Place of Accident / दुर्घटना का स्थान	मंगलपुर - सिद्धीया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHARLESH KUMAR मिश्रा 7571861977 DL NO - UPSG 2023 00054 59
8	Estimated Loss / अनुमानित हानि	NA
09.	Cause of Accident / दुर्घटना का कारण:	मैं शैलेश कुमार मिश्रा अपनी गाड़ी लेकर अपने निजी काम के परसा मिर से सिद्धीया जा रहे थे तभी अचानक सामने एक मोटर साइकिल सवार ने सामने से अपनी गाड़ी को मोड़ दिया जिससे मेरी गाड़ी से टकरा हुआ और मेरी गाड़ी रोड़ा गिर गई। है जिससे मेरी गाड़ी क्षतिग्रस्त हुई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SHUBHAM Automobiles मंरिज P. No - 32 Chaurhanga Baha-293303

Date / दिनांक : 11/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

शैलेश कुमार मिश्रा





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 _____

Certificate/Policy No. 252412/21/2026/13720

Tel. No. _____

Period of Insurance 11/05/2023 to 13/05/2024
 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 : SHALISH KUMAR Mishra
 (b) Address for correspondence : VILL - PARASHAMOGGI PO - SINDURDIYA, MOZ
 (c) Telephone : 7521861977

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>15896</u> Chassis No. <u>20937</u>	Registration No. <u>UP56BD</u> <u>4022</u>
-------------	---	---

- (a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL USES
 (c) Was trailer attached?
 (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 : _____



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? : _____
- (c) Was accident reported to Police? If not, Why? : _____ NA
- (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? : _____ NA
- (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 11/12/2002

Signature of the insured _____

इतिशकुमार मिश्रा

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 अमेश कुमार मिश्रा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank