

To/सेवा में,  
The Oriental Insurance Co Ltd /  
द्वि ओरिएण्टल इंश्योरेंस 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.	Rahul 9794418984
2	Vehicle No. / वाहन संख्या	UP55AU 8931
3	Policy No. / पालिसी संख्या	252400/31/2025/72246
4	Period of Insurance / बीमा अवधि	12-12-24 — 11-12-25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-12-25 7:00pm
6	Place of Accident / दुर्घटना का स्थान	Pakadi (Siddhasth Nagar)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rabeesh chandra HR02 20210000537
8	Estimated Loss / अनुमानित हानि	1200
09.	Cause of Accident / दुर्घटना का कारण :	एक मेरे विनियमित पकड़ी जाते समय अचानक पकड़ी के पास एक लड़का आ गया उसीको बचाने के लक्ष्य में ब्रेक लिया और गाड़ी गिरे जातिगस्त हो गया।
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.	Kaishav Automobiles Pakadi Unknaug road Siddhasth Nagar 9559009344

Date / दिनांक :

हस्ताक्षर 11/12/25

Rahul

Signature of Insured / बीमाधारक के

Rahul



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. 242400/31/2025/72246

Tel. No. \_\_\_\_\_

Period of Insurance 12-12-24 - 11-12-25  
 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 : Rahul  
 (b) Address for correspondence : Chitrapur chitarpur Middhat Naga  
 (c) Telephone : 9794418984

2. THE INSURED VEHICLE

Make & Year <u>HERO</u>	Engine No. <u>HA11EOR1263373</u> Chassis No. <u>MBLHAW235R12B2531</u>	Registration No. <u>UPSSAV</u> <u>0931</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 Use  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter NR  
 1. Was a side-car attached M  
 2. Was a pillion rider carried M

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 : NR  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rabeesh chandra
- (b) Age : 23
- (c) Address : 456 Roop Nagar colony Jagadharani
- (d) Is the Driver :
  - 1. Owner : Yamuna naga 135003
  - 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? : NO
- (g) Driving Licence Number : HR0220210000537
- (h) Issuing Authority : MLV, MCWS
- (i) Date of Expiry : 10 July 2042
- (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 : 10-11-25 7:00pm
- (b) Place : Palcadi uka naga & Siddharth
- (c) Speed of vehicle at the time of accident : 20-30
- (d) Give a short description of the accident : दो दो गाड़ी की वीच में घुसने के कारण
- (e) If any third party was responsible for this accident give the name and address : अज्ञात व्यक्ति का पता नहीं है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : No Per estimate
- (b) Estimated cost of repairs : 1200
- (c) When and where can the damaged vehicle be inspected : Kanhar Automobiles Palcadi  
Volcanagar road Siddharth Nagar

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

If yes, to which Police Station?

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 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 11/12/25 200

Signature of the insured \_\_\_\_\_

Rahul

Rs. \_\_\_\_\_

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

Witness

Name .....

Signature .....

Address .....

Signature ..... *Rahul*

Occupation .....

Address .....

.....

.....

Bank Account Number .....

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 ..... *Rohit*  
Occupation .....  
Address .....  
.....  
.....

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