

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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

श्री 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.	SUBAS SINGH 6388177457
2 Vehicle No. / वाहन संख्या	UP76AU4855
3 Policy No. / पालिसी संख्या	252400/31/2025/81006
4 Period of Insurance / बीमा अवधि	28/01/2025 - 27/01/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	7/12/25 - 7:30 PM
6 Place of Accident / दुर्घटना का स्थान	लेव 2 रोड
7 Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AKASH SINGH UP76 20240008203 4470/-
8 Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण:	लेव 2 रोड से एक कार समय अचानक सामने खुलता आ गया उससे गाड़ी भी टकराई है गयी और मेरी गाड़ी गिर गई साइटग्रिफ्ट हो गयी / - मेरी गाड़ी गिर आई है गया था। गिरा जाया है। -
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 740/2 Bashpur Farrukhabad 8874481234

Signature of Insured / बीमाधारक के

Date / दिनांक : 10/12/25
हस्ताक्षर



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.H. No 7037, A-25/25, Anand Road, New Delhi-110 002

MOTOR CLAIM FORM

To: By: Office Address _____

Certificate/Policy No 252400/31/2025/81006

Tel. No _____

Period of Insurance 28/01/2025 - 27/01/2026
 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
 (1) Name Sudhansu Singh
 (2) Address for correspondence Daheliya Jaitpur Farukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIIECRHG05720</u> Chassis No. <u>MBLHALW140RHG05092</u>	Registration No. <u>UP76 AU</u> <u>4855</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
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

- The following questions need be answered in commercial vehicles only:
- (1) Registered laden weight
 (2) Unladen Weight
 (3) Weight of goods carried/Tand Chalfan No.
 (4) Nature of permit
 (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

~~_____~~
~~_____~~
~~_____~~

N/A

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name : Akash Singh
 (b) Age : 22
 (c) Address : Daheliga Jaitpur Kaimgarh Farrukhabad
 (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 : UP76 20240808203
 (h) Issuing Authority : Farrukhabad
 (i) Date of Expiry : 06/07/2043
 (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 : 07/12/2025 - 7:30 PM
 (b) Place : वेवल रोड
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : वेवल रोड से एक जॉन सामय डायानल सामने खुल्ला डग गया
 (e) If any third party was responsible for this accident give the name and address : उससे गरीबी की टांकल हो गयी सोच मेरी कमी मिल गए
 : शारिफुल हो गयी / -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS Per Estimate
 (b) Estimated cost of repairs : 4470/-
 (c) When and where can the damaged vehicle be inspected : Gupta Auto Dealers Farrukhabad

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

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

N/A

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?

N/A

- (d) If yes, to which Police Station?

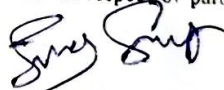
- (e) Date and Diary No.

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

N/A

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.



Signature of the insured

Date 12/12/25 7(8)

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. 76AU4855 insured under Policy No. 252400/311 of 2025/81006
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. 50000

Surya Singh

Signature
Occupation
Address
.....
.....

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank