

To / शेता में,
The Oriental Insurance Co Ltd /
ति 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.	गौरा, 6394021292
2	Vehicle No. / वाहन संख्या	पहिले डेट 3908-3908
3	Policy No. / पालिसी संख्या	252400/31/2026/24339
4	Period of Insurance / बीमा अवधि	23.06.25 - 22.6.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07.12.2025 - 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	सुके मोड़ रावेलिंग
7	Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	गिरिजा दुर्गा डोसा, 6394021292 पहिले डेट 20010368
8	Estimated Loss / अनुमानित हानि	R.S. 29000=00
09.	Cause of Accident / दुर्घटना का कारण : हमारे गाड़ी ड्राइवर ने काम पर निकलते वक़्त से मोड़ पर रुकना आ गया मोड़ खुलने के बयाने से मोड़ी गाड़ी टक्कर करके बायीं गार्ड रिकर गाड़ी क्षतिग्रस्त हो गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	विश्व कामठी रोड 829982 पिन 65, 88581-15410 महो देवी

Date / दिनांक : 11.12.25
हस्ताक्षर

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 merth

Certificate/Policy No. 253400/3/2025/24339

Tel. No.

Period of Insurance 23.06.25 - 23.06.25
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

- I. INSURED
- (a) Name : MERTH
 (b) Address for correspondence : _____
 (c) Telephone : 6394021292

2. THE INSURED VEHICLE

Make & Year <u>Metro</u> <u>2025</u>	Engine No. <u>M11126724-567</u>	Registration No. <u>UP21 BC</u> <u>3908</u>
	Chassis No. <u>M18LHAG04-954595</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? 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?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

NA / NA

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6

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Crimish M. Ojha
- (b) Age : 55 YEARS
- (c) Address : Postbag Road Cuttack
- (d) Is the Driver
 - 1. Owner :
 - 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? :
- (g) Driving Licence Number : U16450220012368
- (h) Issuing Authority : SAO BHO
- (i) Date of Expiry : 31.12.2028
- (j) Was the licence temporary/permanent :
- (k) Details of endorsement/suspension, if any :
- (l) Has he been involved in any accident before? :
- (m) Has he been charged by the policy? If so, Why? :

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 - 11:30 AM
- (b) Place : State High
- (c) Speed of vehicle at the time of accident :
- (d) Give a short description of the accident : कार्टन के टुकड़े से सड़क से बाहर निकलने के कारण
- (e) If any third party was responsible for this accident give the name and address : मि. ए. ई. कोचिंग जिला कार्टन रोड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Best State
- (b) Estimated cost of repairs : ₹. 200000
- (c) When and where can the damaged vehicle be inspected : Vinay Auto Sales

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

मि. ए. ई.

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? : _____ N/A
- (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? : _____ N/A
- (g) When? : _____ N/A
- (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 11.12.2025

Signature of the insured श्रीरा देवी

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

1140
1046

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25, 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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

The Higher
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name: _____
Signature: _____
Address: _____

Signature _____ *मीरा देवी*
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____