

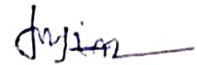
To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	हरीशंकर, 8858897292
2	Vehicle No. / वाहन संख्या	0848C 032
3	Policy No. / पालिसी संख्या	252500/31/2026/20597
4	Period of Insurance / बीमा अवधि	05/06/25 - 04/06/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10.9.2025 - 12.30 P.M)
6	Place of Accident / दुर्घटना का स्थान	द्वारका केरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	गोविंद सिंह, 8858897292 016420120009511
8	Estimated Loss / अनुमानित हानि	R.S. 5100 = 00
09.	Cause of Accident / दुर्घटना का कारण:	हमारे जाली हमारे गाड़ी कोकल गाड़ी का रहे है गाड़ी के चाल सफाकार रखी थी हमारे गाड़ी चालक में चालक लककर मार दिया कोकल हमारे गाड़ी दौरे लाइए निकल गाड़ी कोकल गाड़ी को गाड़ी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	110
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	वि.ध.भा.ले.ले. 8299824165, 8258175410



Date / दिनांक : 12.12.25  
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. 7017, A-23/23, Asaf Ali Road, New Delhi 110 002

MOTOR CLAIM FORM

Div. Br. Office Address Mumbai Certificate Policy No. 259100/33/2026/20577  
 Tel. No. \_\_\_\_\_ Period of Insurance 05/06/25 - 04.06.2026  
 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 Mrs. Shrikant  
 (a) Name \_\_\_\_\_  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone 8808897292

2. THE INSURED VEHICLE

Make & Year <u>MARUTI 2025</u>	Engine No. <u>MM1FHS9E13314</u> Chassis No. <u>MBCH1A043XSTE-11534</u>	Registration No. <u>U164BC 0132</u>
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(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  
 Was a side-car attached? NA NA  
 Was a pillion rider carried? NA 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

dgive



8. INJURY TO DRIVER/OCCUPANT

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

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? \_\_\_\_\_  
(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 \_\_\_\_\_

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 10.12.2015

Signature of the insured [Signature]

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 .....  
Occupation .....  
Address .....  
.....  
.....

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