

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.	Radhe 8115648911
2 Vehicle No. / वाहन संख्या	UP76AU3027
3 Policy No. / पालिसी संख्या	252400/31/2025/75968
4 Period of Insurance / बीमा अवधि	04/01/25 — 03/01/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	09/12/25 — 12:30 PM
6 Place of Accident / दुर्घटना का स्थान	पपिया पुल रोड
7 Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amrat UP7620210013280
8 Estimated Loss / अनुमानित हानि	6880/-
9 Cause of Accident / दुर्घटना का कारण	पपिया पुल से घट जाते समय लाइन से बाइल वाले ने टक्कर मार दी और मरी जाई गिड ब्ल क्षतिग्रस्त हो गयी मरी जाई मरे मरि ले मरे के लिली ब्लम से /
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	Gupta Auto Dealers 740/2 Bakhara Farrukhabad 8874481234

Date / दिनांक : 12/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के
Radhe Thakur



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, Anaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

1. Br Office Address _____

Certificate Policy No 252400/31/2025/75968

2. Loc No _____

Period of Insurance 04/01/25 - 03/01/26
 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

Name Radhe
 Address for correspondence Gharam Pur po Bhopat Patti Farukhabad
 Telephone _____

2. THE INSURED VEHICLE

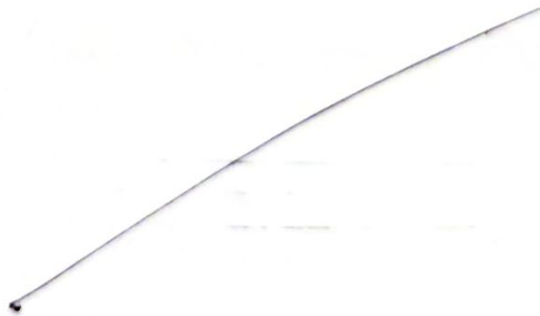
Make & Year <u>2025</u>	Engine No <u>H11E7RHM51264</u> Chassis No <u>MBLHAW229HM46390</u>	Registration No <u>UP76AU</u> <u>3027</u>
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- (1) Was the vehicle in proper working condition? yes
- (2) For what purpose was the vehicle being used at the time of accident? Prasural use
- (3) Was trailer attached? _____
- (4) If a Motor Cycle/scooter: no
 - 1. Was a side car attached? no
 - 2. Was a pillion rider carried? no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (1) Registered laden weight
- (2) Curator Weight
- (3) Weight of goods carried Load Chodan ho
- (4) Nature of period
- (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 Passengers permitted



NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Amrat
 (b) Age: 27
 (c) Address: Gharampur Post Bhopat Patti 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)? N/O
 (g) Driving Licence Number: UP 76 202100/3280
 (h) Issuing Authority: Farrukhabad
 (i) Date of Expiry: 18/01/2038
 (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: 09/12/25 - 12:30 PM
 (b) Place: घासिया डक रोड
 (c) Speed of vehicle at the time of accident
 Give a short description of the accident: घासिया डक से एक कार साम सामे से कारम चली गी टक्कर मर
 (d) If any third party was responsible for this accident give the name and address: ही गैर मेरी गरी जि मर कारिगल हो गयी। -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 6880/-
 (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?

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

- (e) Date and Diary No.

N/A

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 past or future accident shall be forfeited.

Date 12/12/15 700

Signature of the insured

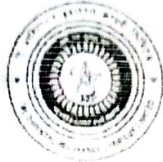
Radhe Thakur

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. 76AU3027 insured under Policy No. 2524001216/2025/75968
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. _____

Our Name
Receipt Number
When Amount
Exceeds Rs. _____

Witness
Name
Signature
Address

Signature Radhe Thakur
Occupation
Address

Bank Account Number
Name of the Bank