

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

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	ROOPESH KUMAR 6392228315
2	Vehicle No. / वाहन संख्या	UP 53 FJ 8099
3	Policy No. / पालिसी संख्या	252400/31/2026/23643
4	Period of Insurance / बीमा अवधि	19/06/2025 - 18/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/12/2025 3:00 pm
6	Place of Accident / दुर्घटना का स्थान	मुसम्ही जंगल गौश्यापुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRABHUPATAM 9793020018
8	Estimated Loss / अनुमानित हानि	7572
09.	Cause of Accident / दुर्घटना का कारण : माडापाड़ा से गौश्यापुर जाते समय मुसम्ही जंगल के पास गाड़ी के सामने अचानक बाधा आ गया जिससे मैंने ब्रेक मार दिया जिससे गाड़ी रुक गई और मैंने बाधा को दूर करने के लिए गाड़ी को धक्का मार दिया जिससे मेरी गाड़ी दाहिने तरफ छिद्र का ट्रैकिंग हो गई। गाड़ी लम्बे समय चला रहे थे।	
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.	D.P. MOTORS MAMM Enyy College 9835410811

Date / दिनांक : 15/12/2025
हस्ताक्षर

Roopesh Kumar

Signature of Insured / बीमाधारक के

Roopesh Kumar



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

252400/8/2026/23643

Div. Br. Office Address _____

Certificate/Policy No. _____

Tel. No. _____

Period of Insurance 19/6/2025 - 18/6/2026
 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
 (a) Name : Roopesh Kymay
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hera</u> <u>21/Jun/2025</u>	Engine No. <u>72979</u> Chassis No. <u>13505</u>	Registration No. <u>UP53 PJ</u> <u>8099</u>
--	---	---

(a) Was the vehicle in proper working condition? Yes Personal
 (b) For what purpose was the vehicle being used at the time of accident? No
 (c) Was trailer attached? No
 (d) 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:

(a) Registered laden weight _____
 (b) Unladen Weight _____
 (c) Weight of goods carried/Load Challan No. _____
 (d) Nature of permit MTA
 (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 _____



8. INJURY TO DRIVER/OCCUPANT

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

NP

- (a) Give names and addresses of passengers/other Witness, if any

9. WITNESS

- (b) Did a Police Constable take particulars of the accident?

NP

- (c) Was accident reported to Police? If not, Why?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

NP

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

NP

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 15/12/2015 200

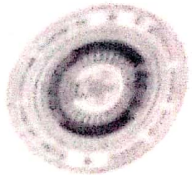
Signature of the insured

Deepesh Kumar

ACCIDENT DEPARTMENT

Claim No.

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-27/28, 2nd All Road, New Delhi-110 002

Received
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of RA 2000
(in words Rupees) Day of _____ 2000
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ of
the said company and accident which occurred on or about _____ of
insured under Policy No. _____ I/We give
present of future arising directly/indirectly in respect of the said accident.

RA _____

(This Stamp
Remains Valid
When Visited
Frequently by YOU)

Witness
Name
Signature

Signature
Occupation
Address

Bank Account Number
Name of the Bank