

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.	DINESH KUMAR YADAV 9621022085
2	Vehicle No. / वाहन संख्या	UPS7 BZ 8527
3	Policy No. / पालिसी संख्या	252400/31/2026/44410
4	Period of Insurance / बीमा अवधि	15-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08-12-2025 01:00 PM
6	Place of Accident / दुर्घटना का स्थान	झंगा - चौरहा पट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DINESH KUMAR YADAV UPS720150009642 9621022085
8	Estimated Loss / अनुमानित हानि	As per estimate
09.	Cause of Accident / दुर्घटना का कारण : ग्रथौली से हवा दूर आ रहे लभी झंगा चौरहा पट सागने से एक बाइक वाला एक गाड़ी का ओभरटेक के चक्कर में वह सागने से घेरे गाड़ी में टक्कर मार दिगा और गाड़ी लेक गये और गाड़ी क्षतिग्रस्त हो गयी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
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.	J. P. AUTOMOBILES HATA Kushinagar 9838770755

Date / दिनांक : 15-12-2025  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
दिनेश कुमार यादव

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : DINESH KUMAR VADAV  
 (b) Age : 05-08-1991  
 (c) Address : VILL+POST-NAVAWINDA  
 (d) Is the Driver  
 1. Owner : Owner  
 2. paid driver? :  
 3. Owner's relative or friend? : NO  
 (e) If paid driver, how long has he been in your employment : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP5720150009642  
 (h) Issuing Authority : KUSHINAGAR  
 (i) Date of Expiry : 10-05-2035  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before? : NO  
 (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 : 08-12-2025  
 (b) Place : गिरगाँव रोड पर एच 3 आर के वर की दवा खोली पर समने से टक्कर  
 (c) Speed of vehicle at the time of accident : 30-40 km P/H  
 (d) Give a short description of the accident : गाड़ी खोली से खड़ी थी खोली से टक्कर मिला जिससे साइने से  
 (e) If any third party was responsible for this accident give the name and address : गिरगाँव रोड पर एच 3 आर के वर की दवा खोली पर समने से टक्कर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS per patient  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : S.P. AUTOMOBILES PARTS, KUSHINAGAR  
 9830413045

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? : NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO  
(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? : NO  
(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? : NO  
(g) When? : \_\_\_\_\_  
(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 15-12-2025  
200

Signature of the insured दिनेश कुमार यादव

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 .....