

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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

श्री 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.	Vikas Tiwari 8368 575216
2 Vehicle No. / वाहन संख्या	UP76AV2355
3 Policy No. / पालिसी संख्या	2524000/31/2026/9617
4 Period of Insurance / बीमा अवधि	02/05/25 - 01/05/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/25 - 12:15 P.M
6 Place of Accident / दुर्घटना का स्थान	बरेली रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sagar Sharma UP24 201700007826
8 Estimated Loss / अनुमानित हानि	19450/-
9 Cause of Accident / दुर्घटना का कारण: घट से अज्ञात पुल जाते समय सामने से तेज रफ्तार आती बाइक चालू के टक्कर मार की ओर भेरी जाती गिर कर साइड ग्राम हो गयी। भेरी जाती भेरे फिटका ले गए थे लिखी जात है।-	
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers 74012 Banspur Farukhabad 8874481234

Date दिनांक : 15/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

Vikas Tiwari



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of Oriental 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

To: The Office Address _____ Certificate Policy No. 252400/31/2026/9617
 Tick No. _____ Period of Insurance 02/05/25 - 01/05/26
 Claim No. _____

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

1. THE INSURED
 (1) Name Vikas Tiwari
 (2) Address for correspondence village kadahar Farrukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JA07AZS9C11843</u>	Registration No.
	Chassis No. <u>MBLJAW524S9C08933</u>	<u>UP76AV</u> <u>2355</u>

- (1) Was the vehicle in proper working condition? Yes
- (2) For what purpose was the vehicle being used at the time of accident? Prasad use
- (3) Was trailer attached? _____
- (4) If a Motor Cycle/Scooter no
- (5) Was a side car attached? no
- (6) Was a pillion rider carried? no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)

- (1) To answer questions need be answered in commercial vehicles only
- (1) Registered load weight
- (2) Actual weight
- (3) Weight of goods carried and Total Chassis No.
- (4) Nature of goods carried
- (5) Was the vehicle plying for hire
- (6) If Lorry/Jeep/Tractor, was trailer attached?
- (7) Number of passengers carried
- (8) Number of Passengers permitted

/ NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Sagay Sharma
 (b) Age: 31
 (c) Address: villa Post Kachhla Budaula
 (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/A
 (g) Driving Licence Number: UP24 20170007826
 (h) Issuing Authority: Budaun
 (i) Date of Expiry: 14/03/2037
 (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: 13/12/15 12:15 PM
 (b) Place: बरेली रोड
 (c) Speed of vehicle at the time of accident: 60
 (d) Give a short description of the accident: कार है अग्रत घुट जाते समय रास्ते के लेफ्ट स्ट्रोक आती
 (e) If any third party was responsible for this accident give the name and address: लाइन वाले के स्ट्रोक मिल ही उमर मेरी गाड़ी लेल गइ
 धोतरवाला ही गाड़ी ले

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: ASI Per Estimate
 (b) Estimated cost of repairs: 19450/-
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealers Farukhabad

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.P. diary Number

N/A

I, the above named do hereby, to the best of my own knowledge and belief, warrant the truth of the report, statement every respect and I/We have made in or 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 15/12/15 (18)

Signature of the insured

Vikas Tewari

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. 76AV2355 insured under Policy No. 252400/31/2026/9617
the said company and accident which occurred on or about _____ 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.

Stamp: THE ORIENTAL INSURANCE COMPANY LIMITED

Witness
Name
Signature
Address

Signature VPKAS T...
Occupation
Address
Bank Account Number
Name of the Bank