

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.	Anand Mohan 9628456464
2	Vehicle No. / वाहन संख्या	UP60-AQ-1161
3	Policy No. / पालिसी संख्या	MS12024/2001/046575/389390
4	Period of Insurance / बीमा अवधि	20-12-2024 to 19-12-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16-12-2025 to 06:00 Am-
6	Place of Accident / दुर्घटना का स्थान	Beldha Road-
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anand Mohan 9628456464 UP52-20140013061
8	Estimated Loss / अनुमानित हानि	As per DMS Estimate-
09.	Cause of Accident / दुर्घटना का कारण :-	मेरे आनंद मोहन अपनी गाड़ी ले जाते जाते गया था वह पट रोड पर डरिल्ला वाला पिछे से आल्ट सेरी गाड़ी को टक्कर मार दिया जिस से गाड़ी पिछे से टूट गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Girdha Vishwakarma -
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA-
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Disha Automobile Bhogalpur 279602 9305394789



Signature of Insured / बीमाधारक के  
Anand Mohan



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

Div. Br. Office Address Meerut-

Certificate/Policy No. MS/2024/2001/046575/389390

Tel. No.

Period of Insurance 15.12.2025  
 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 : Anand Mohan.  
 (b) Address for correspondence : Akhop Balia.  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2019</u>	Engine No. <u>JA05EGR0M11576</u> Chassis No. <u>MBLWAW099KM11849</u>	Registration No. <u>UP60-AQ</u> <u>1161</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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter Motor cycle -  
 1. Was a side-car attached  
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 225 kg -  
 (b) Unladen Weight : 250 kg -  
 (c) Weight of goods carried/Load Challan No. :  
 (d) Nature of permit : good -  
 (e) Nature of goods carried : good -  
 (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 :



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Anand Mohan  
(b) Age : 13.02.1991  
(c) Address : Belkha  
(d) Is the Driver :  
1. Owner : owner-  
2. paid driver? :  
3. Owner's relative or friend? :  
(e) If paid driver, how long has he been in your employment : NA-  
(f) Was he under the influence of intoxication Liquor or drugs? : NA-  
(g) Driving Licence Number : UP52-20140013061  
(h) Issuing Authority : RTO-22.08.2014  
(i) Date of Expiry : 21.08.2034  
(j) Was the licence temporary/permanent : Permanent-  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before?:  
(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 : 16.12.2025 to 05:00PM.  
(b) Place : Belkha-  
(c) Speed of vehicle at the time of accident : 20km-  
(d) Give a short description of the accident : सड़कती वील टक्कर मार गिया  
(e) If any third party was responsible for this accident give the name and address : विवेक से।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back Side  
(b) Estimated cost of repairs : Rs 100000-  
(c) When and where can the damaged vehicle be inspected :

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? :  
*NA*

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? : N/A
- (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? : N/A
- (f) Has theft been reported to Police? : \_\_\_\_\_
- (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 16 08/2008



Signature of the insured

Arund Mohan

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 ... Anand Kumar .....  
Occupation .....  
Address .....  
.....

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