

10/ सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरस कंपनी लिमिटेड

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

Sr. 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.	Ashok Kumar Shakay 9794116682
2 Vehicle No. / वाहन संख्या	UP76AW0870
3 Policy No. / पालिसी संख्या	2524000/31/2026/37432
4 Period of Insurance / बीमा अवधि	24/09/25 - 23/09/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/25 - 3:30 PM
6 Place of Accident / दुर्घटना का स्थान	महाराष्ट्र
7 Name of the Driver, D L No. & Mobile No / डाइवर का नाम, डी एल नं. & मोबाइल नं	Ashok Kumar Shakay UP76201900008684
8 Estimated Loss / अनुमानित हानि	1550/-
09 Cause of Accident / दुर्घटना का कारण : गाड़ी एल से बाहर निकलने टाइम सिटी के लगे के कारण मसजि टेल गया /	
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 Barhpur Farukhabad 8874481234

Date / दिनांक : 16/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के
अशोक कुमार शकय



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No 7017, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

Do. Br. Office Address _____ Certificate/Policy No. 252400/31/2026/37432
 Tel. No. _____ Period of Insurance 24/09/25 - 23/09/26
 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
 (1) Name Ashok Kumar Shakya
 (2) Address for correspondence Nagla Pajawa Yagatganj Farrukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIIF259H18081</u> Chassis No. <u>MB2HAW457S9H68391</u>	Registration No. <u>UP76AW</u> <u>0870</u>
----------------------------	--	--

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

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

- (1) If following questions need be answered in commercial vehicles only:
 (a) Registered laden weight _____
 (b) Laden Weight _____
 (c) Weight of goods carried Load Chit/No _____
 (d) Name of permit _____
 (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 Passengers permitted _____

MA

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name ASHOK Kumar Shakay
 (b) Age 57
 (c) Address Nagla Pajawa Yashwanthi Farukhabad
 (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 year employment N/A
 (f) Was he under the influence of intoxication (Liquor or drugs) NO
 (g) Driving Licence Number UP7620190009684
 (h) Issuing Authority Farukhabad
 (i) Date of Expiry 01/07/2028
 (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 14/12/2025 3:30 PM
 (b) Place महराष्ट्रा
 (c) Speed of vehicle at the time of accident
 (give a short description of the accident) गाडी चर हे वॉल निघाले राहण
 (d) If any third party was responsible for this accident give the name and address विडी के लगने के कारण मरगाडी होल जवा / -

6 DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS Per Estimate
 (b) Estimated cost of repairs 1556/-
 (c) Where and where can the damaged vehicle be repaired Gupta Auto Dealer 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 providing 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, 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 16/12/25 7(B)

Signature of the insured
मन्दीरा मन्दीरा

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. 76AW0870 insured under Policy No. 252400/31/2026/37432
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/Signature box

Witness
Name
Signature
Address

Signature M. S. Thakur
Occupation
Address

Bank Account Number
Name of the Bank