

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.	उममत अली - 6398919063
2	Vehicle No. / वाहन संख्या	UP31CS9309
3	Policy No. / पालिसी संख्या	252400/312025/79752
4	Period of Insurance / बीमा अवधि	21/04/25 - 21/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/25 - 02:30 PM
6	Place of Accident / दुर्घटना का स्थान	तेजनपुरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मुन्ना - UP3120120025782 6398919063
8	Estimated Loss / अनुमानित हानि	11,711/-
09.	Cause of Accident / दुर्घटना का कारण :	तेजनपुरा से होलागढ़ जाते समय तेजनपुरा के पास दाहिने की तरफ से अकारा वस्तु ने स्क्वोर मार दी जिससे गाड़ी बायें की तरफ गिरकर अतिग्रस्त हो गयी। दुर्घटना के समय गाड़ी उममत अली का भाई मुन्ना चला रहा था।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	सियाराम भागी सेल - दुबौरवा 9640663515

Date / दिनांक : 16/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : मुन्ना
(b) Age : 34y
(c) Address : तैलपुरवा
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : भाई
(e) If paid driver, how long has he been in your employment : X
(f) Was he under the influence of intoxication Liquor or drugs? : नहीं
(g) Driving Licence Number : UP3120120025702
(h) Issuing Authority : MP
(i) Date of Expiry : 06/04/32
(j) Was the licence temporary/permanent : P
(k) Details of endorsement/suspension, if any : X
(l) Has he been involved in any accident before?: नहीं
(m) Has he been charged by the policy? If so, Why?: नहीं

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 11/11/25 - 02:30 PM
(b) Place : तैलपुरवा
(c) Speed of vehicle at the time of accident : अवारा पथ से उबराकर
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : X

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : बस्ती मीटर के अनुसार
(b) Estimated cost of repairs : 11711/-
(c) When and where can the damaged vehicle be inspected : सिपाराम भायै सेल

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? : Yes
(b) If yes, give full details : X
-

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? : NA
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____
-

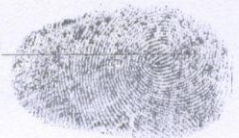
10. THEFT

- (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? : NA
(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 16/14/25 200

Signature of the insured



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