

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

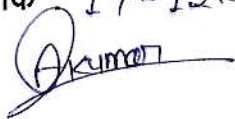
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Gayatri Devi 9335432394
2	Vehicle No. / वाहन संख्या	UP58AL8601
3	Policy No. / पालिसी संख्या	252400/31/2026/57213
4	Period of Insurance / बीमा अवधि	08-11-2025 To 07-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14-12-2025 — 07:30 AM
6	Place of Accident / दुर्घटना का स्थान	Dhanghata
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dharmveer 6387665941
8	Estimated Loss / अनुमानित हानि	9616/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी धर्मवीर बाइक लेके अपने घर से घनघटा चौराहा के लिए जा रहा था सुबह कोहरा का समय था रास्ते में जाते समय कृष् मोड़ पर अचानक सामने से एक बाइक वाले ने गलत सड़ से आकर मेरी बाइक में टक्कर मार दी जिससे मेरी बाइक डेमेज हो गयी और चौराहे से काफी अंचाव हुआ
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.	Kamla Metals Kushi Bazar 8756523330

Date / दिनांक : 17-12-2025
हस्ताक्षर



11/2/25
Signature of Insured / बीमाधारक के



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. 252400/31/2026/57213

Tel. No.

Period of Insurance 08-11-2025 To 07-11-2026
 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 : Gayatri Devi
 (b) Address for correspondence : Vill - Siyashkhand, Post - Bakariniya Pakad, Sant Kalan Nagar
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F7SGH10598</u> Chassis No. <u>MBLHAW487SGH10531</u>	Registration No. <u>UP58AL</u> <u>B601</u>
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- (a) Was the vehicle in proper working condition? No
 (b) For what purpose was the vehicle being used at the time of accident? Personal Use
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter yes
 1. Was a side-car attached No
 2. Was a pillion rider carried No

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
(b) If yes, give full details : No

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 17-12-2025

Signature of the insured

जतिश

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. 9616/-

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature 01121 cft
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank