

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.	SHEELENDRA 9719362868
2	Vehicle No. / वाहन संख्या	UP85C24429
3	Policy No. / पालिसी संख्या	252400/3/2026/4657
4	Period of Insurance / बीमा अवधि	18-10-2025 To 17-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-12-2025 04:00 PM
6	Place of Accident / दुर्घटना का स्थान	मॉट - नौहमील रोड
7	Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHEELENDRA SINGH UP8520140004696
8	Estimated Loss / अनुमानित हानि	14282
9.	Cause of Accident / दुर्घटना का कारण :-	मॉट से नौहमील जाते समय अचानक आगे चल रही बुलेटो कार ने ब्रेक मार दी जिससे ड्रेसी मोटर सड़किल बुलेटो में घुस गयी और आगे से क्षतिग्रस्त हो गयी। वाहन को मैं स्वयं चला रहा था।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M/S UPADHYAY MOTORS OPP-CHC HOSPITAL VIRINDAVAN ROAD MANT - 7310801674

Date / दिनांक : 17/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

शीलेन्द्र





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 NO MEERUT
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/46757
 Period of Insurance _____
 Claim No. _____

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

I. INSURED
 (a) Name : SHEELENDRA
 (b) Address for correspondence : VILL-ARROA, DARVE ARROA BANGER MATHURA
 (c) Telephone : 9719362868

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11F7S4D 00893</u>	Registration No. <u>UP85CZ</u> <u>4429</u>
	Chassis No. <u>MBLHAW489S4D01027</u>	

(a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL USE
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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. : _____ NA
 (d) Nature 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 Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SHEELENORA SINGH
(b) Age : 15-09-1973
(c) Address : 1180 DRYE DARVEMAT MATHURA
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UP8520140004696
(h) Issuing Authority : MATHURA
(i) Date of Expiry : 26-02-2026
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any : NA
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 15/12/2025 04:00 PM
(b) Place : MATHURA
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : UPADHYAY MOTORS

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address :
(c) Full Details of personal injury sustained : NA
(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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ / NA
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : _____ NA
(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? : _____ NA
(e) By whom discovered and reported? : _____
(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 17/12 2025

Signature of the insured _____

श्रीलेन्दु

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. UP95CZ449 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 21/2-3
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank