

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.	Deeksha Verma 9721218585
2 Vehicle No. / वाहन संख्या	UP76AV 9199
3 Policy No. / पालिसी संख्या	252400/21/2026/32620
4 Period of Insurance / बीमा अवधि	12/08/25 - 11/08/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/25 - 6:00 PM
6 Place of Accident / दुर्घटना का स्थान	मकियाबाद रोड
7 Name of the Driver, DL No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Mukul Agarwal UP76 20240011505
8 Estimated Loss / अनुमानित हानि	17580/-
9 Cause of Accident / दुर्घटना का कारण :	market se Ghar Jate Samay se Achanak samne Bike wala aa gaya usse Bahne ke Chakr me meri Scoty gir kar Chhitghat Ho Gayi

10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers 74012 Barapur Farukhabad 8874481234

Date / दिनांक : 18/12/25
हस्ताक्षर

दीप्ता वर्मा
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.H. No. 7037, A-15/25, Anaj Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

1. The Office Address _____

Certificate/Policy No. 252400/21/2026/32620

2. C.V. No. _____

Period of Insurance: 12/08/25 - 11/08/26

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please answer All relevant questions fully

1. THE INSURED

Name _____

Deeksha verma

Address for correspondence _____

5/347 Tadiya Fazal Imam Farukhabad

Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JF17USG6 09455</u> Chassis No. <u>MBLJFW729SG6 08299</u>	Registration No. <u>UP76AV</u> <u>9199</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 it an attached? _____
- 4. If attached, to which vehicle? NO
- 5. Was a trailer attached? NO
- 6. Was a person or object attached? NO

3. ADDITIONAL INFORMATION ON COMMERCIAL VEHICLES

Answer questions only for commercial/transport vehicles only

- 1. Registered load capacity
- 2. Gross weight
- 3. Weight of goods carried (with/without No. _____)
- 4. Nature of goods carried _____
- 5. For what purpose being used _____
- 6. If any, description of trailer attached? _____
- 7. Number of passengers carried _____
- 8. Number of consignments carried _____

2 LA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Mukul Agarwal
 (b) Age: 41
 (c) Address: 5/35 Railway Road near SBI Farrukhabad
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? Relative
 (e) If paid driver, how long has he been in your employment: N/A
 (f) Was he under the influence of intoxication (Liquor or drugs)? No
 (g) Driving Licence Number: UP76 20240011505
 (h) Issuing Authority: Farrukhabad
 (i) Date of Expiry: 24/11/2024
 (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: 17/12/25 - 6:00 PM
 (b) Place: महिराबाद रोड
 (c) Speed of vehicle at the time of accident
 (d) Give a short description of the accident: प्रमिले के एक कार सामय चलते है प्रचुरतम बाइक वाला भी उसी उमर के बचने के चलते है प्रमिले के एक कार सामय चलते है
 (e) If any third party was responsible for this accident give the name and address: है नहीं -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS per Estimate
 (b) Estimated cost of repairs: 17580/-
 (c) Who and where can the repaired vehicle be inspected: Gupta Auto Dealers Farrukhabad

7. THIRD PARTY INJURY PROPERTY DAMAGE

(a) Name and full address of:
 (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?

N/A

8 INJURY TO DRIVER/OCCUPANT

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

NA

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.

NA

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

NA

I, the above named do hereby, to the best of my own 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 18/12/25 2/0

दीक्षा वर्मा
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 _____ 2000
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 76AV9199 insured under Policy No 25240/21/2026/32620
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

Witness
Name
Signature
Address

Signature दीक्षा वर्मा
Occupation
Address

Bank Account Number
Name of the Bank