

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.	जय प्रकाश, 950886819
2	Vehicle No. / वाहन संख्या	UP64BC2949
3	Policy No. / पालिसी संख्या	25240/31/2026/2807/
4	Period of Insurance / बीमा अवधि	15.07.2025 - 14.07.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28.11.2025 - 7.00 AM
6	Place of Accident / दुर्घटना का स्थान	चरई (मोरावाड़ा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	जय प्रकाश 950886819 UP6420240009525
8	Estimated Loss / अनुमानित हानि	₹ 240000.00
09.	Cause of Accident / दुर्घटना का कारण:	लेबर सेकल आते समय पीछे से तेज़ रफ़्तार से आता हुआ माइक सुइक के ने हमारे माइक सुइक के को पीछे लाने में टक्कर मारते हुये निकल गया और हमारी गाड़ी दाहिने सड़क पार गई और रोड पर 0 मी. चालते से ब्रेक पड़के लाकल करवाए और गाड़ी क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	विद्युत अकिलेन 8299824165, 8858175410

जय प्रकाश

Date / दिनांक : 18.12.2025  
 हस्ताक्षर

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  
 Tel. No. \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/28071  
 Period of Insurance 15.07.25 - 14.07.26  
 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 : Jay Prakash  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9510886819

2. THE INSURED VEHICLE

Make & Year <u>Hero 2026</u>	Engine No. <u>MA11F657F011119</u> Chassis No. <u>MBUHAW48B5AF51540</u>	Registration No. <u>UP54BC 2949</u>
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- (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? NA  
 (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. : \_\_\_\_\_  
 (d) Nature of permit : \_\_\_\_\_  
 (e) Nature of goods carried : NA / NA  
 (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 : \_\_\_\_\_

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3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Jay Parkash  
 (b) Age : 52 years  
 (c) Address : Chervi - Ichhad 29  
 (d) Is the Driver  
 1. 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? :  
 (g) Driving Licence Number : U16420940009CDS  
 (h) Issuing Authority : S.H.B. N.T.O  
 (i) Date of Expiry : 31-12-2021  
 (j) Was the licence temporary/permanent :  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before?:  
 (m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 28-11-2025 - 7:00AM  
 (b) Place : 3-25  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 Note: हाई एस करम साके इमे निमन राय, को एक्सेलर गिव एम्प्लिका सिविलियन

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Rear side + front side  
 (b) Estimated cost of repairs : RS. 20000/-  
 (c) When and where can the damaged vehicle be inspected : vinda auto sales

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 : MD / MD  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

जय पार्काश

8. INJURY TO DRIVER OR OCCUPANT

- (a) Was driver or occupant injured? NO  
If yes give full details \_\_\_\_\_
- (b) Give names and addresses of passengers & other witnesses, if any. 2 WITNESS
- (c) Did a Police Constable take particulars of the accident? NO
- (d) Was accident reported to Police? If not, Why? NO
- (e) If yes, to which Police Station? \_\_\_\_\_
- (f) Date and Hour No. \_\_\_\_\_

9. 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 \_\_\_\_\_

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 of circumstances, the Policy shall be void and all rights to receive thereunder in respect of past or future accident shall be forfeited.

Date: 18-12-2005

Signature of the insured (Signature)

2005-01-15

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, 3-25 27, Anil K. 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 \_\_\_\_\_ [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. \_\_\_\_\_

Use Stamp  
Whenever  
Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature \_\_\_\_\_  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....