

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.	Rohit Kumar 7275475689
2	Vehicle No. / वाहन संख्या	UP31CB 7681
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/47474)
4	Period of Insurance / बीमा अवधि	15/10/2025 to 14/10/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025 6:30 Pm
6	Place of Accident / दुर्घटना का स्थान	गुलदी पुल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rohit Kumar / UP312024 00/0078 7275475689
8	Estimated Loss / अनुमानित हानि	17894/-
09.	Cause of Accident / दुर्घटना का कारण :	रास्ता खराब है मकानों जा रहे थे रात गुलदी पुल के पास जगह का नाम है रास्ता खराब जिन्हें गाड़ी जाकर हिट करीब दाम 1 लाख 20 पर रात के डेढ़ घंटे में
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.	रामेश्वर कारो हेल महाराज मारुटि 9151154046

Date / दिनांक : 19/12/2025
हस्ताक्षर

रोहित कुमार
Signature of Insured / बीमाधारक के

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. UP31CB 7681 insured under Policy No. MS/2022/7001/0/46578/ 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.

674741

Rs. _____

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

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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 _____

Certificate/Policy No. MS/2023/7001/0/46575/4747

Tel. No. _____

Period of Insurance 15/10/25 to 14/10/26

Claim No. _____

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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 : Rohit Kumar
- (b) Address for correspondence : Dhaurachar Khambhau 12 heri
- (c) Telephone : 7275475689

2. THE INSURED VEHICLE

Make & Year <u>HERO 21/oct/23</u>	Engine No. Chassis No. <u>HA11ECP11H 03360</u> <u>MBLHAW147PHH 02626</u>	Registration No. <u>UP31 CB</u> <u>7681</u>
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- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident? ye
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried

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
- (f) Was the vehicle plying for hire
- (g) If Lorry/Jeep/Tractor, was trailor attached?
- (h) Number of passengers carried
- (i) Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

Name : Rohit Kumar
Age : 25
Address : Khumbhar Khera
Is the Driver
1. Owner : Owner
2. paid driver?
3. Owner's relative or friend?
If paid driver, how long has he been in your employment
Was he under the influence of intoxication Liquor or drugs?
Driving Licence Number : UP 312024 0010078
1) Issuing Authority
2) Date of Expiry : 2/7/2040
3) Was the licence temporary/permanent
4) Details of endorsement/suspension, if any
5) Has he been involved in any accident before?
6) 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

Date and Time : 15/12/2018 6:30 PM
Place :
Speed of vehicle at the time of accident :
Give a short description of the accident :
If any third party was responsible for this accident give the name and address :
[Handwritten details in Hindi describing the accident]

6. DAMAGE TO INSURED VEHICLE

Full details of damage : Front and Right
Estimated cost of repairs : 17800
When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name :
Address :
Full Details of personal injury sustained :
Name and address of any person/hospital giving medical attention to injured person :
Full details of property damaged :
Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(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 19/12/2014 200

Signature of the insured रविंद्र कुमार