

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.	Faisal Khan 8429367580
2 Vehicle No. / वाहन संख्या	UP76NU9566
3 Policy No. / पालिसी संख्या	252400/31/2025/99122
4 Period of Insurance / बीमा अवधि	31/03/25 - 30/03/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/25 - 5:00 PM
6 Place of Accident / दुर्घटना का स्थान	दिल्ली रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Salim Khan UP76 201800005652
8 Estimated Loss / अनुमानित हानि	25760-
09. Cause of Accident / दुर्घटना का कारण:	अचानक गैज के फिल्ली जाते समझे शकते है आते वाले ने टक्कर मार दी भूले भरी गाड़ी डिग बैलनस है एल डिबाइड है टक्कर जमी. और गैज एल झारेगल है जमी। - भरी गाड़ी में घाचा ले जा रहे है। -
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 74142 Bashpur Farrukhabad 8874081234

Date / दिनांक: 15/12/25
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.O. No. 7017, A-15/25, Anand Apartments, New Delhi-110 002

MOTOR CLAIM FORM

To: Dr. Office Address _____

Certificate Policy No. 252400/31/2025/99122

C.L. No. _____

Period of Insurance 31/03/25 - 30/03/26

Claim No. _____

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

1. INSURED

Name Faisal Khan
 Address for correspondence Mahmadpur Achla Jaranj Faizukhabad
 Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIIE7SHA72168</u> Chassis No. <u>MBLHAW227SHA68627</u>	Registration No. <u>UP76AU</u> <u>9566</u>
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- 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 trailer attached? _____
- 4. Is a Motor Cycle/scooter? NO
- 5. Was a side car attached? NO
- 6. Was a pilot/undercarriage carried? NO

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)

- 1. Is this vehicle used by or reserved for commercial vehicles only?
- 2. Gross weight (kg)
- 3. Vehicle weight
- 4. Weight of payload and Load Capacity
- 5. Nature of payload
- 6. Nature of goods carried
- 7. Was the vehicle plying for hire?
- 8. If Lorry/Jeep/Tractor, was trailer attached?
- 9. Number of passengers carried
- 10. Number of Passengers permitted

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Salim Khan
 (b) Age : 30
 (c) Address : mammad pur Achla kote kamal goan
 (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 (alcohol or drugs)? : NO
 (g) Driving Licence Number : UP7626180005652
 (h) Issuing Authority : Farrukhabad
 (i) Date of Expiry : 25/07/2038
 (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 : 15/12/25 - 5:00 PM
 (b) Place : दिल्ली रोड
 (c) Speed of vehicle at the time of accident : 60
 (d) Give a short description of the accident : एनाल जोर से दिल्ली रोड पर समेत धमकी दे भागे वाले ने टक्कर मार दी और गरीब रिफॉर्मेड को मार डिया
 (e) If any third party was responsible for this accident give the name and address : है टकरा गयी और रिफॉर्मेड को मार डिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS Per Estimate
 (b) Estimated cost of repairs : 25760/-
 (c) Where and where can the damaged vehicle be inspected : Gulam Auto Dealers Farrukhabad

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

N/A

8 INJURY TO DRIVER OR OCCUPANT

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

N/A

9 WITNESS

- (a) Give names and addresses of passengers or 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.

N/A

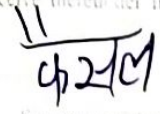
10 THEFT

- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (f) Has it been reported to Police?
- (g) When?
- (h) Which Police Station?
- (i) C.P. diary Number

N/A

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 or 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 15/12/25 2021



Signature of the insured

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No.

Insuring 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. **76AU9566** insured under Policy No. **252400/31/2015/99122**
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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

Stamp area

Handwritten signature

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank