

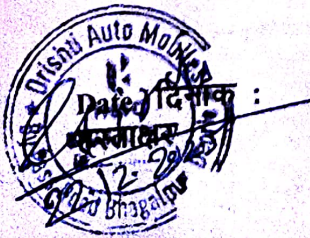
To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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. | RAJESH KUMAR RAJBMAR 9005959272 |
| 2 | Vehicle No. / वाहन संख्या | 252400/31/2026/29182 |
| 3 | Policy No. / पालिसी संख्या | UP52-61-3518 |
| 4 | Period of Insurance / बीमा अवधि | 22-07-2025 to 21-07-2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 18-12-2025 to 06:00 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | TRAM- |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | SURAJ PRAJAPATI -7081401380 UP52-20180010238 |
| 8 | Estimated Loss / अनुमानित हानि | As per DM & Eshw - |
| 09. | Cause of Accident / दुर्घटना का कारण | श्री राजेश कुमार जेरी गाड़ी लेकर ब्रे रिश्तदार को मिले है SURAJ PRAJAPATI मिली जाय ले गाड़ी लेवल वाएल गये शाप ला लग्न था अचानक गाड़ी ले लाफ्त कुल्ला आगम) उली को बन्धाने खमप गाड़ी लेकर मिल गये) लिम ले गाड़ी मिल जा इट गरी। |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | Chirdu Vishwakar |
| 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. | Dajshik Automobiles Bhagalpur 9305394782. |



Signature of Insured / बीमाधारक के
राजेश



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

Certificate/Policy 862900/31/2026/29182

Tel. No.

Period of Insurance 21.07.2026
 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

- (a) Name : RAJESH KUMAR
 (b) Address for correspondence : 900999208
 (c) Telephone :

2. THE INSURED VEHICLE

| | | |
|---|--|---|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>HA11F7S1E09285</u> Chassis No. <u>MBLHAW489S1E04635</u> | Registration No. <u>UP52-CN</u> <u>3518</u> |
|---|--|---|

- (a) Was the vehicle in proper working condition? YES-
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter Motor Cycle-
 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 : 120kg-
 (b) Unladen Weight : 250kg-
 (c) Weight of goods carried/Load Challan No. : good-
 (d) Nature of permit :
 (e) Nature of goods carried : good-
 (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 :

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

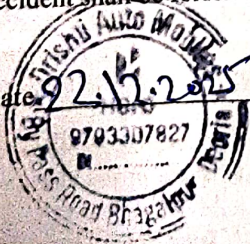
- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : **PLA**
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : **PLA**
(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 or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date: **22.12.2015** 200



Signature of the insured **राजेश**

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. _____ 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 राजेश

Occupation

Address

Bank Account Number

Name of the Bank