

2C-6344
22/12/2025

8601 K.M
एशियन-एण्टल कं.पनी

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.	शमपल (84-2995 35 84)
2	Vehicle No. / वाहन संख्या	UP 74 BN 4965
3	Policy No. / पालिसी संख्या	25 2400-31-2025-92177
4	Period of Insurance / बीमा अवधि	5-3-2025 से 4-3-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-12-2025 सां. 7:00
6	Place of Accident / दुर्घटना का स्थान	गिम्बवा रोड के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	13594 शक्ति कुमार (UP 83 202200)
8	Estimated Loss / अनुमानित हानि	14246
09.	Cause of Accident / दुर्घटना का कारण :	गिम्बवा रोड के पास जहाँ से अनजानता साइड में जाया जिससे मेरी गाड़ी Di- Balance होकर गिर गयी उस समय मेरी गाड़ी शक्ति चला रहे थे.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं है
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	गिम्बवा रोड (8707693225)

शमपल

Date / दिनांक : 22-12-2025
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 मेरठ
Tel. No. _____

Certificate/Policy No. 252400-31-2025-92177
Period of Insurance 5-3-2025 से 4-3-2026
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 : सुभाष क. तिवारी
(b) Address for correspondence : 178/27, तिवारी क. नौज
(c) Telephone : 8099953584

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. <u>HP11E 7RHL67577</u> Chassis No. = <u>MBLHAW222 RHL635S9</u>	Registration No. <u>UP 74 AN 4965</u>
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- (a) Was the vehicle in proper working condition? - NA
(b) For what purpose was the vehicle being used at the time of accident? - personal
(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 : _____
(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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : रोहित - पुरमार
 (b) Age : 2-03-1997
 (c) Address : 95 - सिवोस्टवाड फिरोजवाड
 (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? : NA
 (g) Driving Licence Number : UP83 2022 0013594
 (h) Issuing Authority : 27-9-2022
 (i) Date of Expiry : 1-3-2037
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before?: NA
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 20-12-2025 सां 7:00
 (b) Place : तिमुरवा मीड के पास
 (c) Speed of vehicle at the time of accident : 40 K.M
 (d) Give a short description of the accident : जागे के तिमुरवा मीड के पास
 (e) If any third party was responsible for this accident give the name and address : जगा साठ जा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AB - रंग हानि
 (b) Estimated cost of repairs : 14946
 (c) When and where can the damaged vehicle be inspected : दिवा - मोरनी डिपो

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 : NA
 (e) Full details of property damaged :
 (f) 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 : 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. : _____

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 22-12-02

Signature of the insured

राज कर्मा

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 राम चंद

Occupation कृषि

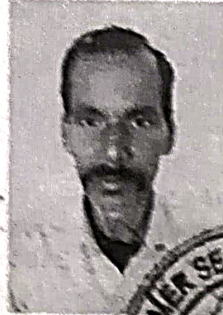
Address श्रीधरवा - दिल्ली

..... वडा-11/1

.....

Bank Account Number

Name of the Bank

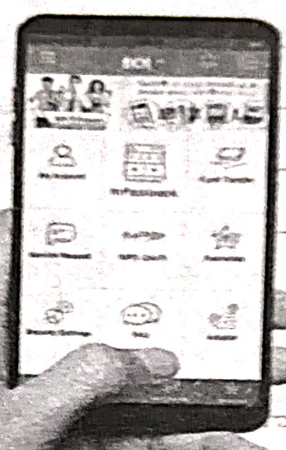


Office: Tirwaganj, 05694-261038
 system generated and does not require any physical BOI Mobile

Account Balance



Mobile No. for the "Missed Call"
 09266135135
 09015135135



- Instant Onboarding through Registered Mobile
- 24x7 Access
- Safe and Secure
- Download your Account History
- Get Personalized View of Account
- Available in Hindi and English
- BOI Mobile Available on Playstore and Appstore



बैंक ऑफ इंडिया

10309

Bank of India

Br. Name : TIRWAGANJ
 Br. Address : TIRWA-KANNUJ ROAD,, AT & POST TIRWAGANJ
 TIRWAGANJ DIST KANNUJ, UTTAR PRADESH, 209732
 Br. Tel. : 05694-261038
 Br. Email : Tirwaganj.Agra@bankofindia.co.in
 IFSC Code : BKID0007601
 MICR Code : 209013542

Deposit Insurance Cover : Rs 5 Lax
 Address : SO PRABHU
 TIRMUKHA TIRWA KANNUJ
 TIRWAGANJ DIST K209732
 UTTAR PRADESH INDIA
 Operational Inst: SELF
 Nominee : zama devi

Customer Id : 312888175
 Account No. : 760118210030778
 Name : I. RAM PAL

A/C Open Dt. : 13-02-2025
 Scheme Desc: FISS (SMART CARD - T
 Scheme Code: SB182
 Spl. Charge Code:
 Accidental death Insurance cover : Availabl
 *T&C Apply

For your queries / enquiry
 Toll free no. of our call center: 1800220229, 18001031906
 Grievance Redress Officer, 20: