

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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sr 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.	Ashish Yadav 9569576524
2 Vehicle No. / वाहन संख्या	UP74AP3244
3 Policy No. / पालिसी संख्या	252402/31/2026/24643
4 Period of Insurance / बीमा अवधि	25/06/25 - 24/06/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/25 - 7:00 PM
6 Place of Accident / दुर्घटना का स्थान	गौडवाला रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ashish Yadav UP7420240207555
8 Estimated Loss / अनुमानित हानि	23580/-
9. Cause of Accident / दुर्घटना का कारण : <del>करीबाना के मोटरवाला के साथे आमने</del> है जो मैंने लगने के कारण गैरी जाती जिस बैल्लस है बर पिर ज्याी डील फाउण्ड है ज्याी / -	
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 740/2 Barhpa Ferozkhabad 8874481234

Date दिनांक : 23/12/25  
हस्ताक्षर

Ashish  
Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited  
 incorporated in India, subsidiary of Oriental Insurance Corporation of India  
 Regd Office: Oriental House, P.O. No. 1037, A, 2525, Anil Anand Road, New Delhi - 110 002

MOTOR CLAIM FORM

To: The Office Address

Certificate Policy No. 252400/31/2026/24643

File No.

Period of Insurance: 25/06/25 - 24/06/26

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

Ashish Yadav

Address (as per registration)

Panthera Muiya Nagla Post Lodhaura Kanpur

Telephone

2. THE INSURED VEHICLE

Year	Engine No.	Registration No.
	Chassis No.	
2025	JAO7A05G602035 M0L3A051S6E05786	UP74AP 3244

- 1. Was the vehicle in proper working condition? **yes**
- 2. Was the purpose of use of vehicle a business or for use of goods? **personal use**
- 3. Was the vehicle used for hire?
- 4. Was the vehicle used for other purposes? **no**
- 5. Was the vehicle used for other purposes? **no**

3. OCCUPANTS, PASSENGERS, GOODS, VEHICLES

4. Was the driver licensed to drive the vehicle? **yes**

5. Was the driver under the influence of alcohol?

6. Was the driver under the influence of drugs?

7. Was the driver under the influence of any other substance?

8. Was the driver under the influence of any other substance?

9. Was the vehicle properly insured?

10. If Lorry/Bus/Tractor, was a valid certificate attached?

11. Number of passengers carried

12. Number of Goods carried

2/4

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Ashish Yadav  
 (b) Age: 22  
 (c) Address: Panthra Muiya Nagla Post Chhibramau K.277  
 (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: N/A  
 (f) Was he under the influence of intoxication (Liquor or drugs?): N/A  
 (g) Driving Licence Number: UP7420240007555  
 (h) Issuing Authority: Kanpur  
 (i) Date of Expiry: 17/11/2043  
 (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: 21/11/25 - 7:00 PM  
 (b) Place: 11572/014 रोड  
 (c) Speed of vehicle at the time of accident  
 (d) Give a short description of the accident: 11572/014 के मोटरवाहन को समझे सामान है एक वाहन है एक लड़के को कार में भी मोटर वाहन है एक ट्रक से भी टक्कर लगाई है उसी।  
 (e) If any third party was responsible for this accident, give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate  
 (b) Estimated cost of repairs: 2358/-  
 (c) Where and where can the damaged vehicle be inspected: Gupta Auto Dealers Farukhabad

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/OCCUPANT

- (1) Was driver/any occupant injured?
- (2) If yes, give full details

N/A

9 WITNESS

- (1) Give names and addresses of passengers/other Witness, if any

- (1) Did a Police Constable take particulars of the accident?

- (1) Was accident reported to Police? If not, Why?

- (1) If yes, to which Police Station?

- (1) Date and Duty No.

N/O

10 THEFT

- (1) Day and Time

- (1) Place

- (1) Who was stolen?

- (1) Estimated cost of replacement?

- (1) By whom discovered and reported?

- (1) Has it been reported to Police?

- (1) When?

- (1) Which Police Station?

- (1) C.P. No. Number

N/A

I, the driver named do hereby, to the best of my own knowledge and belief, warrant the truth of the foregoing statement in 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 past or future accident shall be forfeited.

23/12/15 (19)

*Ashish*

Signature of the insured

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 \_\_\_\_\_ 2000

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 motor Car Vehicle No 74AB 3244 insured under Policy No 252400/31/2026/24043  
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

Stamp

Witness  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_

Signature Ashish  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_  
Name of the Bank \_\_\_\_\_