

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.	DILSHAD 9027366188
2	Vehicle No. / वाहन संख्या	UP78 AV1262
3	Policy No. / पालिसी संख्या	252400/31/2026/4715
4	Period of Insurance / बीमा अवधि	18/04/2025 to 17/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/12/2025 दुर्घटना का समय 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	अजमेरा (राजस्थान)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MARUH KHAN UP7420100002954
8	Estimated Loss / अनुमानित हानि	28000
9	Cause of Accident / दुर्घटना का कारण : गैर आरंभित वाहन का चालक से सुनिश्चित गाड़ी आ गयी जिससे वाहन की क्लिबिंग पश्चात गाड़ी में चला गया और मोटरसाइकिल गाड़ी पिछवानी आ गयी जिससे मोटरसाइकिल क्षतिग्रस्त हो गयी ।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	---
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	---
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SM MOTORS SARKOWA 9120839631

Date / दिनांक : 28/12/2025
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 MIRAM

Certificate/Policy No. 252400/31/2026/9715

Tel. No.

Period of Insurance 18/04/25 to 17/04/2026
 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 OKSHAR
 (a) Name :
 (b) Address for correspondence : BHADRAUN JARAR
 (c) Telephone : 9027366188

2. THE INSURED VEHICLE

Make & Year <u>2025 HERO</u>	Engine No. <u>HA11E7RH1K8 9964</u> Chassis No. <u>M81HA0221 RHKJ 9808</u>	Registration No. <u>UP76AV 1262</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? NOT
 (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 : NOT
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : HARUN KHAN
(b) Age : 35
(c) Address : AZAD HAWAR SAURKHY
(d) Is the Driver
1. Owner :
2. paid driver? : RELATIVE
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment : 1/12
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : VP7420100002959
(h) Issuing Authority : AK10 - KANHTAUS
(i) Date of Expiry : 09-05-2030
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?: 1 (CTD)
(m) 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

- (a) Date and Time : 25/12/2025 11:30 AM
(b) Place :
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(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 :
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : KTA

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 : KTA
(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 _____

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 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 26/12/2005

Signature of the insured [Signature]

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

चेतावनी

घोषवाजों से देश में ही अथवा विदेश से मिलने वाली फर्जी प्रस्ताव/सदेश/एसएमएस, जैसे लॉटरी विजेता, सस्ती फंड प्रस्ताव, नौकरी के प्रस्ताव, छात्रवृत्ति के प्रस्ताव, उत्प्रवास वीसा के प्रस्ताव, विदेशी प्रतिष्ठित विश्वविद्यालयों में प्रवेश के प्रस्ताव और ऐसे ही अन्य प्रकार के फर्जी प्रस्तावों से सावधान रहें।



WARNING

Beware of facilities offers, messages/SMS about lottery winnings, cheap fund offers, employment offers, scholarship offers, offer of emigration visas, offer of admission to reputed universities abroad from fraudsters within the country or from abroad.

उपयोगी सुझाव/USEFUL TIPS :

1. अपने खाते के बारे में जानकारी प्राप्त करने के लिए अपना मोबाइल नंबर और ईमेल आईडी रजिस्टर करें।
Register your Mobile and email-Id for getting information about your account.
2. मुद्राण आदि के लिए आप टोल फ्री नंबर पर कॉल कर सकते हैं।
You may call Toll free number for enquiry etc.
3. नियमित रूप से अपनी पासबुक अपडेट करवाएँ।
Get passbook updated regularly.
4. जहाँ भी संभव हो साईं अनुदेश (SI) जारी करें।
Use Standing Instructions wherever possible.
5. पासबुक में कहीं भी हस्ताक्षर न करें।
Do not put signature anywhere in passbook.
6. हम आपके सुझावों का स्वागत करते हैं।
We Welcome your suggestions.
7. कोई समस्या हो या कोई मूल्यवर्धित सेवा की आवश्यकता हो तो शाखा प्रबन्धक से सम्पर्क करें।
Contact branch manager in case of difficulties/value added service.
8. टोल फ्री हेल्पलाइन नंबर (1800220229, 18001031906)
Toll Free Helpline No: (1800220229, 18001031906)
9. झूठे चारों का शिकार न बनें, फर्जी योजनाओं से सतर्क रहें।
Do not fall prey to false promises, beware of dubious schemes.
10. कृपया अपने खाते की जानकारी/क्रेडिट/डेबिट/मूवमेंट/आईडी और पासवर्ड एटीएम, डेबिट कार्ड/क्रेडिट कार्ड/मोबाइल बैंकिंग/सर्विसे/व्यक्तिगत जानकारी किसी को न दें।
Please do not disclose your Account details/Internet Banking User Id and Password/ATM Debit card/Credit Card/Mobile Banking Personal information to any person.

5809 4258 306C

बैंक ऑफ इंडिया	PATAUNJA	Occupation	LABOURER/WORKER/Bank of India
Br. Address :	SHRI MAIKU LAL INTER C, CHHIBRAMAU-FATEHGARH	Address	Village: Jarari, Panchayat: BHADAUS,
	UTTAR PRADESH, FARRUKHABAD, 209739		Block: KAMU, Dist: Farukhabad
Br. Tel. :			FARRUKHABAD 209739
Br. Email :			UTTAR PRADESH INDIA
IFSC Code :	BKID0007627	Operational Inst.:	SELF
MICR Code :	209013055	Nomination :	Not Regd.
Customer Id :	197365169	A/C Open Dt. :	27-12-2019
Account No. :	762718210015423	Schema Desc.:	FISD (SMART CARD - TCS)
Name :	I. DILSHAD	Schema Code:	SB182
		Spl. Charge Code:	
		Accidental Death Insurance cover:	Not App.
		TFC Appl.:	



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

Grievance Redress Officer, ZU:
Grievance Redress Officer, Branch: