

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ऑरिएण्टल इंश्योरेंस कंपनी लिमिटेड

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	MOHD ZUHER 7518358774
2	Vehicle No. / वाहन संख्या	UP74 ALU7034
3	Policy No. / पॉलिसी संख्या	252400/312024/58314
4	Period of Insurance / बीमा अवधि	05/11/25 To 05/11/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/11/25 8:10 AM
6	Place of Accident / दुर्घटना का स्थान	बर्ड बारी रो रोड पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP742023 0000819 Kashif Ali 7518358774
8	Estimated Loss / अनुमानित हानि	80000
9	Cause of Accident / दुर्घटना का कारण : एक व्हीलिंग वाहन से टकराया जा रहा है इससे दवाब से एक व्हीलिंग वाहन से टकराया जा रहा है।	भीषण वाहक का कारण : श्री काशी अली रोड पर वाहन दवाब से टकराया जा रहा है। इससे दवाब से एक व्हीलिंग वाहन से टकराया जा रहा है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	BYO Pass Road Kaimbar Sharad Arora 8005442894

Date / दिनांक : 21/11/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name Kashif Ali
- (b) Age 31
- (c) Address Hamdaniya Phase (F-10-D)
- (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 NA
- (f) Was he under the influence of intoxication liquor or drugs? NA
- (g) Driving Licence Number 017420230000819
- (h) Issuing Authority Established
- (i) Date of Expiry 09/09/2034
- (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 police? 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 09/12/23 08:10 AM
- (b) Place On the road near the gate of the Hamdaniya Phase
- (c) Speed of vehicle at the time of accident 25 km/hr
- (d) Give a short description of the accident The car was moving from left to right and suddenly the driver lost control of the car and it hit the wall of the gate.
- (e) If any third party was responsible for this accident give the name and address NA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage As per Estimate
- (b) Estimated cost of repairs Rs 5000
- (c) When and where can the damaged vehicle be inspected Approved parties

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name Kashif Ali
- (b) Address Hamdaniya Phase (F-10-D)
- (c) Full Details of personal injury sustained NA
- (d) Name and address of any person/hospital giving medical attention to injured person NA
- (e) Full details of property damaged NA
- (f) Has notice of any claim been given to you? NA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? _____
(b) If yes, give full details NP

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 29/12/2005
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: ORIENTAL
Name of _____ Signature *Zelhab*
Occupation
Address
Name of _____ Signature
Occupation
Address
Bank Account Number
Name of the Bank