

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.	Pxamod 7518429682
2 Vehicle No. / वाहन संख्या	UP76AW6931
3 Policy No. / पालिसी संख्या	252400/31/2026/56334
4 Period of Insurance / बीमा अवधि	05/11/25 - 04/11/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	25/12/25 - 6:00 PM
6 Place of Accident / दुर्घटना का स्थान	लेबर रोड
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Pxamod Shrivastav UP7620180009961
8 Estimated Loss / अनुमानित हानि	6150/-
09. Cause of Accident / दुर्घटना का कारण:	लेबर रोड से मोलेपुट आते लामने अचानक सामने ठला सा जवा लखते जाते की टक्कर हो गया मॉल में जाती गिल बल कोल्लेक्ट हो जाये।
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 Barkh Pur Farukhbad 8874481234

Date / दिनांक : 23/12/25  
हस्ताक्षर

उमोद  
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

Pro. Br. Office Address \_\_\_\_\_

Certificate Policy No. 252400/31/2026/56734

Acc. No. \_\_\_\_\_

Period of Insurance 05/11/25 - 04/11/26

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

(1) Name \_\_\_\_\_

Pranod

(2) Address for correspondence \_\_\_\_\_

(3) Telephone \_\_\_\_\_

Dhansya Fatchgarh Farnkherbad

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JF11 FySG J08800</u> Chassis No. <u>MBL JFV43BSGJ08722</u>	Registration No. <u>UP76 AW</u> <u>6931</u>
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(a) Was the vehicle in proper working condition? Yes

(b) For what purpose was the vehicle being used at the time of accident? Personal use

(c) Was trailer attached?

(d) If a Motor Cycle/scooter no

1. Was a side-car attached no

2. Was a pillion rider carried no

III. 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 Chitlan 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

*(This section is crossed out with a large diagonal line)*

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Prasad Shrivastava  
 (b) Age: 28  
 (c) Address: Farangshahi Dhamra Farukhabad  
 (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 (alcohol or drugs)? N/A  
 (g) Driving Licence Number: UP7620180009561  
 (h) Issuing Authority: Farukhabad  
 (i) Date of Expiry: 06/11/2038  
 (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: 25/12/25 - 6:00 PM  
 (b) Place: मेवाड़ रोड  
 (c) Speed of vehicle at the time of accident: 40  
 (d) Give a short description of the accident: मेवाड़ रोड पर 24 अक्टूबर को एक गाड़ी का नियंत्रण खो गया और गाड़ी का पहला टायर टूट गया जिससे गाड़ी का नियंत्रण खो गया और गाड़ी का पहला टायर टूट गया जिससे गाड़ी का नियंत्रण खो गया  
 (e) If any third party was responsible for this accident give the name and address: गाड़ी चालक ही जिम्मेदार है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS per Estimate  
 (b) Estimated cost of repairs: 6150  
 (c) When 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 OR CLIPANT

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

no

9. WITNESS

- (a) Give names and addresses of passengers/other witness, if any

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

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

no

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

- (a) Date and Diary No.

10. THEFT

- (a) Date and Time
- (a) Place
- (a) What was stolen?
- (a) Estimated cost of replacement?
- (a) By whom discovered and reported?
- (a) Has theft been reported to Police?
- (a) When?
- (a) Which Police Station?
- (a) C.R. diary Number

no

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 past or future accident shall be forfeited.

Date 29/12/15 200

प्रमोद  
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 \_\_\_\_\_ 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. 76ALW6931 insured under Policy No. 252400131162026/56334  
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 गुनी .....  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....