

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.	AKash 9354334356
2 Vehicle No. / वाहन संख्या	UP76 AW 1210
3 Policy No. / पालिसी संख्या	252400/31/2026/37619
4 Period of Insurance / बीमा अवधि	24/09/25 - 23/09/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/25 - 5:30 PM
6 Place of Accident / दुर्घटना का स्थान	कमाल गंज रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sandeep UP7620160009926
8 Estimated Loss / अनुमानित हानि	26750/-
9. Cause of Accident / दुर्घटना का कारण:	कारण शत्रुता है कमाल गंज जोर लम्पे शान्ति है बाइक वाले ने टक्कर मार दी ठोस में गयी गिर गए सांनिग्रह ही गयी। मेरी गयी मेरे चान्च है गये है लिखी जाय है
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 74012 Buzpur Farrukhabad 8874481234

Date / दिनांक : 30/12/25
हस्ताक्षर

आकाशी
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

To: Br. Office Address _____ Certificate Policy No. **252400/31/2021/37619**
 No. _____ Period of Insurance **24/09/25 - 23/09/26**
 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

(1) Name **Akash**
 (2) Address for correspondence _____
 (3) Telephone **Panjkhioiya Thashi Farrukhabad**

2. THE INSURED VEHICLE

Make & Year 2025	Engine No. HAN F6SHJ 71891 Chassis No. NOL HAW 475 SHJ B2769	Registration No. UP76 AW 1210
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- (1) Was the vehicle in proper working condition? **Yes**
 (2) For what purpose was the vehicle being used at the time of accident? **Personal use**
 (3) Was trailer attached?
 (4) Is a Motor Cycle/scooter? **NO**
 (5) Was a side-car attached? **NO**
 (6) Was a pillion rider carried? **NO**

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (1) Registered laden weight
 (2) Laden Weight
 (3) Weight of goods carried / Load Chart No.
 (4) Nature of period
 (5) Nature of goods carried
 (6) Was the vehicle plying for hire
 (7) If Lorry/Jeep/Tractor, was trailer attached?
 (8) Number of passengers carried
 (9) Number of Passengers permitted

N/A

8. INJURY TO DRIVER/OCCUPANT

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

N/A

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any
- (b) Did a Police Constable take particulars of this accident?
- (c) Was accident reported to Police? If not, Why?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

N/A

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

N/A

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 27/12/15 2/81

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. 76AWK10 insured under Policy No. 252400/31/2026/37613
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

For Manager
By _____
Date _____
Place _____

Witness
Name
Signature
Address

Signature 3-11/21
Occupation
Address

Bank Account Number
Name of the Bank