

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.	Sumit Kumar 9660742962
2 Vehicle No. / वाहन संख्या	UP76AV8843
3 Policy No. / पालिसी संख्या	252400/31/2026/31573
4 Period of Insurance / बीमा अवधि	06/08/25 - 05/08/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	25/12/25 - 3:30 PM
6 Place of Accident / दुर्घटना का स्थान	मोहम्मद बाग रोड
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	manish kumar UP7620150009402
8 Estimated Loss / अनुमानित हानि	16660/-
09. Cause of Accident / दुर्घटना का कारण:	एल से मूविएट जाते समय डायालन आते वैच्ये आ गया उसे लचाने के चक्कर में मेरी गाड़ी डिम लेलन हो गल श्रवणे से टक्करा गयी ऑल गिल गल क्षतिग्रस्त हो गयी। मेरी गाड़ी मेरे पास चला रहे थे।
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 Beshpur Farukhabad 8874481234

Date / दिनांक : 31/12/25

हस्ताक्षर

सुमित कुमार
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 _____

Certificate Policy No. 252400/31/2026/31573

Tel. No. _____

Period of Insurance 06/08/25 - 05/08/26

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 Smit Kumar
 (2) Address for correspondence Nagla Anoop Tajpur Farrukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JA07AVR6K18143</u> Chassis No. <u>MBLJAU024R6K19394</u>	Registration No. <u>UP76AV</u> <u>8843</u>
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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) 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

- (1) Registered laden weight
 (2) Unladen Weight
 (3) Weight of goods carried/Load Challan 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 Passenger permitted

(A large diagonal line is drawn across this section, indicating it is not applicable.)

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Manish Kumar
 (b) Age : 45
 (c) Address : Nagla Anoop Pur Farrukhabad
 (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)? : NO
 (g) Driving Licence Number : UP76 2015 020 9402
 (h) Issuing Authority : Farrukhabad
 (i) Date of Expiry : 31/12/2023
 (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 - 3:30 PM
 (b) Place : मोहडाबाग रोड
 (c) Speed of vehicle at the time of accident : 50
 (d) Give a short description of the accident : एल है प्रोमिटे जॉन सामथ प्रचालन सामग्री बरखा, उल्ला
 (e) If any third party was responsible for this accident give the name and address : उल्ला सामग्री जे - चालक से मोती गार्डी डिल बरखा ही एल
 रबाने है एकरा गार्डी उल्ला जे एल बरखा ही एल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As Per Estimate
 (b) Estimated cost of repairs : 16600/-
 (c) When and where can the damaged vehicle be inspected : Gupta Auto Dealers Farrukhabad

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? : NA

8 INJURY TO DRIVER/OCCUPANT

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

NA

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.

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

NA

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.

सुमित कुमार

Signature of the insured

Date 31/12/25 2/0

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. 96AV8843 insured under Policy No. 252400/206/2026/31573
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 _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000

Witness
Name
Signature
Address

Signature सुमितकुमार
Occupation
Address

Bank Account Number
Name of the Bank