

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 / फ़ाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Vishal Kumar 9129715913
2	Vehicle No. / वाहन संख्या	UP53FH6799
3	Policy No. / पालिसी संख्या	252400/31/2026/11705
4	Period of Insurance / बीमा अवधि	07/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28-12-2025 - 9:30 PM
6	Place of Accident / दुर्घटना का स्थान	Umahiya Chausaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sunil Kumar 9794940476
8	Estimated Loss / अनुमानित हानि	23847/-
09.	Cause of Accident / दुर्घटना का कारण : मैं सुनील कुमार गाड़ी लेकर दीपवापुर गये थे, वहां से वापस आते समय रात हो गया था, और कोहरा ज्यादा था, उमरिया चौराहा को पार करते समय ही बिडहवाट की तरफ से एक पिकअप (चारपहिया वाहन) वाले ने मेरी बाइक के दाहिने ओर से अगले हिस्से की पहिये पर जोर से टक्कर मार दिया जिससे मेरी बाइक डमेज हो गयी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Kamla Motors Kushi Bazar 8756523330

Date / दिनांक : 02-01-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
Vishal

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sunil Kumar
(b) Age : 28
(c) Address : Dhadhaiyari, Ram Gosa, Choshiyakhari
(d) Is the Driver
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : Friend
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5320220017095
(h) Issuing Authority : 22-07-2022
(i) Date of Expiry : 14-07-2037
(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 : 26-12-2025 - 9:30PM
(b) Place : Umariya Chaukaha
(c) Speed of vehicle at the time of accident : 10-15
(d) Give a short description of the accident : चौराहा पर करते समय पिकअप वाले ने टक्कर मारी
(e) If any third party was responsible for this accident give the name and address : No

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : At Estimate
(b) Estimated cost of repairs : 23847/-
(c) When and where can the damaged vehicle be inspected : Kamla Motors Kuni Bazar

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 : No
(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? : Yes
(b) If yes, give full details : घरतिया के समय गाडी से अचानक लगकर गिर जाने से शरीर पर हल्के चोट का निशान

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : NO
(b) Did a Police Constable take particulars of The accident? :
(c) Was accident reported to Police? If not, Why? : No
(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? : NO
(g) When? :
(h) Which Policy 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 02-01-2025

Signature of the insured Uishal

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. 23047/-

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Uesha
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank