

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 8528035975
2 Vehicle No. / वाहन संख्या	UP76 AW0071
3 Policy No. / पालिसी संख्या	252400/31/2026/34917
4 Period of Insurance / बीमा अवधि	29/08/25 - 28/08/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	01/07/2026 - 2:00 PM
6 Place of Accident / दुर्घटना का स्थान	कानपुर रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pushpendra Kumar UP7620180008503
8 Estimated Loss / अनुमानित हानि	23580/-
09. Cause of Accident / दुर्घटना का कारण :	कारनेरवा बाइक से कर्नाल गेज जाते समय थामने से तेज स्फटार आती बाइक वाले ने सामने से टक्कर मार दी और थोड़ी गड़ी फिर कर क्षतिग्रस्त हो गया। - थोड़ी गड़ी गेज चोचा का लड़का ले गया था पिली बना 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 740/2 Barh Pur Faizukhabad 8874481234

Date / दिनांक : 02/01/26  
हस्ताक्षर

Sumit Kumar  
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. 25240/31/2026/37913

T.C. No. \_\_\_\_\_

Period of Insurance 28/08/25 - 28/08/26

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

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

1. INSURED

(1) Name Symit Kumar  
 (2) Address for correspondence Nagla Tal Yabut Gemi Faraykhabad  
 (3) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H11F6S9H04824</u> Chassis No. <u>MBL HAW522S9H51583</u>	Registration No. <u>UP76 ALW</u> <u>0071</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 a trailer attached? \_\_\_\_\_  
 4. Was it a Cycle/scooter? NO  
 5. Was a side car attached? NO  
 6. Was a pillion rider carried? NO

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)

The following particulars need to be answered in commercial vehicles only

- (1) Rated laden weight  
 (2) Laden weight  
 (3) Weight of goods carried (Load Condition No.)  
 (4) Nature of permit  
 (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

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pushpendr Kumar  
 (b) Age : 27  
 (c) Address : Bali Pur Yashwantrao Chavan Faryukhabad  
 (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 : N/A  
 (f) Was he under the influence of intoxication (Liquor or drugs)? N/A  
 (g) Driving Licence Number : UP76 2018 0008503  
 (h) Issuing Authority : Faryukhabad  
 (i) Date of Expiry : 16/10/2038  
 (j) Was the licence temporary permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (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 : 01/1/28 - 2:00 PM  
 (b) Place : एनएच 27  
 (c) Speed of vehicle at the time of accident : 160  
 (d) Give a short description of the accident : मरी 24014 में एमएल 210 को जॉर्ज बुध्द सामन के लेन  
 (e) If any third party was responsible for this accident give the name and address : शुभल शर्मा बाइल पते ने एमिग के एड्रेस गी के ओ  
नेही गीसी डिए अरे एमिग के ओ

6 DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS Per Estimat  
 (b) Estimated cost of repairs : 23560/-  
 (c) Where and where can the damaged vehicle be inspected : Gytha Auto Dealers Faryukhabad

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 : N/A  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- Q.1 Was driver/any occupant injured?
- (a) If yes, give full details

N/A

9. WITNESS

- Q.1 Give names and addresses of passengers/other witness, if any

- Q.2 Did a Police constable take particulars of the accident?

- Q.3 Was accident reported to Police? If not, Why?

- Q.4 If yes, to which Police Station?

- Q.5 Date and Diary No.

N/A

10. THEFT

- Q.1 Date and Time

- Q.2 Place

- Q.3 What was stolen?

- Q.4 Estimated cost of replacement?

- Q.5 By whom discovered and reported?

- Q.6 Has theft been reported to Police?

- Q.7 When?

- Q.8 Which Police Station?

- Q.9 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 02/01/26 (70)

रुमिा कुमाा

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. 76AW0071 insured under Policy No 852400/3A/2026/34919  
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

Our Stamp  
Receipt, Name  
When Amount  
Exceeds Rs. 5000

Witness  
Name : .....  
Signature : .....  
Address : .....

Signature रमिन कुमार  
Occupation : .....  
Address : .....  
.....

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