

सेवा में.

The Oriental Insurance Co Ltd /
दॉ. ओरिएण्टल इश्योरस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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 :-

Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	कुशुमी देवी, 9918438131
Vehicle No. / वाहन संख्या	UP57BW1453
Policy No. / पालिसी संख्या	252400/31/202577536
Period of Insurance / बीमा अवधि	14/01/25 to 13/01/26
Date of loss & Time / दुर्घटना का दिनांक & समय	30/12/25, 1:00 PM
Place of Accident / दुर्घटना का स्थान	तमकुही रोड
Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अजय यादव, 9918438131 UP5720210011604
Estimated Loss / अनुमानित हानि	1926/-
Cause of Accident / दुर्घटना का कारण:	जानवर को बचाने के कारण डिवाइड में लै जाकर चकरा गये। वाइक लैकर गिर गये।
Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	RISHABH MOTORS 6306525464

02/01/2026

Date / दिनांक

स्ताक्षर

Signature of Insured / बीमाधारक के

कुशुमी

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

Dist. Hq. Office Address **Meerut**

Certificate/Policy No. **2524-00/31/2025 57543**

Cl. No. **9918430131**

Period of Insurance **14/01/25 to 13/01/26**
 Claim No.

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

1. Name of Insured **कुशमी देवी**
 Address for correspondence
 Telephone No. **9918430131**

2. THE INSURED VEHICLE

Make & Year HERO/2025	Engine No. Chassis No. 68330 64411	Registration No. UP59BW 1A53
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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? **NA**
 (d) If a Motor Cycle scooter
 1. Was a side car attached? **NA**
 2. Was a pillion rider carried? **NA**

II. 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 Challan No.
 (d) Nature of permit
 (e) Nature of goods carried
 (f) Was the vehicle plying for hire
 (g) If Lorry/Jep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted
- NA**

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : गुजराती देवी
- (b) Sex : _____
- (c) Address : _____
- (d) Is the Driver
1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Yes
- (e) If paid driver, how long has he been in your employment? : _____
- (f) Was he under the influence of intoxication (Liquor or drugs)? : N/A
- (g) Driving License Number : UP37 20210011604
- (h) Issuing Authority : 12/06/2023
- (i) Date of Expiry : 31/12/2038
- (j) Was the license temporary/permanent? : Permanent
- (k) Details of disqualification, suspension, if any : _____
- (l) Has he been involved in any accident before? : NA
- (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 30/12/25, 1:00 PM
- (b) Place : दमहुरी (H)
- (c) Speed of vehicle at the time of accident : _____
- (d) Brief description of the accident : जानवर को बचाते की चक्कर में ड्राइवर में ले
- (e) If any third party was responsible for this accident give the name and address : जयका 2007 700 / ALSON colony - 1511 7007

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS per Estimate
- (b) Estimated cost of repairs : 1926
- (c) When and where can the damaged vehicle be inspected? : RISHABH MOTORS

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

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 or 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 *[Handwritten Signature]*
Occupation
Address

Bank Account Number
Name of the Bank

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/C 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.

NA

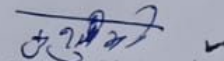
10. THEFT

- (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) Where?
- (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 part or future accident shall be forfeited.

Date: 02/09/26


Signature of the insured