

JL-656
3/1/2026

15548 H.M
जोहरल कम्पनी

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.	शुकीठा - कुमार 663831661297
2	Vehicle No. / वाहन संख्या	UP 74 AN 1901
3	Policy No. / पालिसी संख्या	252400-31-2025-78272
4	Period of Insurance / बीमा अवधि	16-01-2025 से 15-01-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	1-01-2026 रात 8:00
6	Place of Accident / दुर्घटना का स्थान	शुकीठा के पास मिथानीपुरी के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अमित भावत (UP 74-20220005143)
8	Estimated Loss / अनुमानित हानि	15154
09.	Cause of Accident / दुर्घटना का कारण :	शुकीठा के पास मिथानीपुरी गांव के पास बड़ी गाड़ी में R बाइस से ट्रेक्टर चली गी टक्कर भावत दिगी डक रसम से गडी अमित भावत लेकर गये गे.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA तिवी मोटर्स लिमिटेड (8707693225)
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	

शुकीठा - कुमार

Date / दिनांक : 3-01-2026
हस्ताक्षर

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 हरियाणा

Certificate/Policy No. 252400-31-2025-78272

Tel. No.

Period of Insurance 16-01-2025 से 15-01-2026
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
(a) Name : हरियाणा - सार
(b) Address for correspondence : सि. सुभाषपुर गांव सुनार तहसील कन्नौज
(c) Telephone : 6393166129

2. THE INSURED VEHICLE

Make & Year <u>HERO-2025</u>	Engine No. = <u>HATIFRHLT2101</u> Chassis No. = <u>MBLHAW40XRHL11902</u>	Registration No. <u>UP74 AN</u> <u>1901</u>
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- (a) Was the vehicle in proper working condition? - NA
(b) For what purpose was the vehicle being used at the time of accident? - परिचाल
(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/Jeep/Tractor, was trailer attached? : _____
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : विकास - शर्मा
 (b) Age : 30
 (c) Address : प्लॉट - 10, गेट नं. 1, 07-2002
एन.ए. रोड, गान्धी नगर, गांधी नगर
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? :
 (e) If paid driver, how long has he been in your employment : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UP 70-20220005193
 (h) Issuing Authority : 8-05-2022
 (i) Date of Expiry : 6-07-2042
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (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 : 1-01-2026 रात 8:00
 (b) Place : उदिया रो-पाल सिविलीयन
 (c) Speed of vehicle at the time of accident : उदिया रो-पाल सिविलीयन गांव
 (d) Give a short description of the accident : पाल स्वकी गाड़ी में R साइड के
 (e) If any third party was responsible for this accident give the name and address : वही स्वयं गांव उदिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS - Per Estimat
 (b) Estimated cost of repairs : 1354-0
 (c) When and where can the damaged vehicle be inspected : विश्व मोटर्स लि. 7070769322SJ

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
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.

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 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 3-01-2026

Signature of the insured ANIL - 93712

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. _____

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

Witness
Name
Signature
Address

Signature सुधील - कुमार
Occupation सुधील सुधील सुधील
Address उनाठ सुधील सुधील
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Bank Account Number
Name of the Bank

Customer ID : 135036244
 N/C Open Date : 07/11/2019
 Joint Holder : None
 Joint Holder : None
 Address : S/O KRISHNA KUMAR
 00 BHULBHULIYAPUR
 City : KANPUR
 Pin Code : 209734
 State : UTTAR PRADESH
 Country : INDIA
 Eco TCI No :
 Mobile No : 916392166129
 Nomination : Registered

E/C Currency : INR
 Branch Code : 4041
 Branch Name : TIRUPATI
 Branch Address : HADHURAJ BUILDING, KOTICENT EMB,
 MAIN ROAD, MOH-LAUDH NAGAR,
 TIRUPATI, TIRUPATI DISTRICT, TIRUPATI
 City : TIRUPATI
 Pin Code : 209732
 State : UTTAR PRADESH
 Country : INDIA
 Branch Tel No : 9935903333
 MICR Code : 209240352
 IFSC Code : HDFC0004041