

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.	MADHU DEVI 8545841636
2	Vehicle No. / वाहन संख्या	UP57BZ6660
3	Policy No. / पालिसी संख्या	252400/31/2026/41676
4	Period of Insurance / बीमा अवधि	09-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-12-2025 03:38 PM
6	Place of Accident / दुर्घटना का स्थान	हेलीमपुर चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUSHEEL SHARMA UP5720220010423
8	Estimated Loss / अनुमानित हानि	As per estimate
9.	Cause of Accident / दुर्घटना का कारण: कसमा से सिंगना आ रहे थे उसी समय हेलीमपुर चौराहा पर अपना गाड़ी रोड काट कर रहा था वही लकवाईक वाहन बगल से बाका टोका आर किमा आर में गाड़ी लेक गीर गम्य जिससे अरी गाड़ी प्रतिभस्त हो गम्य ।	
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.	S.P. AUTOMOBILE MATR Kushinagar 9838770755

Date / दिनांक : 04-01-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

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3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SUSHIL SHARMA
- (b) Age : 06-08-2003
- (c) Address : VILL+POST-SHAHABAD PVR
- (d) Is the Driver : HATA KUSHINAGAR
 - 1. Owner :
 - 2. paid driver? :
 - 3. Owner's relative or friend? : friend
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : NO
- (g) Driving Licence Number : UP 5720220010423
- (h) Issuing Authority : KUSHINAGAR
- (i) Date of Expiry : 05-08-2043
- (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? : _____

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 20-12-2025
- (b) Place : कलमाखे सिंगना आ रहे थे उसी समय कलमाखे जैराहा पर अप-4
- (c) Speed of vehicle at the time of accident : 30.410 km P/H
- (d) Give a short description of the accident : गाड़ी रोड काट रहा था तभी एक बड़े बाला बंगल से बाला का लमर
- (e) If any third party was responsible for this accident give the name and address : देकर मार दिया और गाड़ी लेकर जीए ग्राम गिरा से मेरी प्रतिकार

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AG ROY estimate
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : J.P. AUTOMOBILES, HATA, KUSHINAGAR
9838770755

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? : NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(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? : 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 01-01-2006

Signature of the insured

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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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank