

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.	REETA DEVI 8104444718
2	Vehicle No. / वाहन संख्या	UPS6 BC 4520
3	Policy No. / पालिसी संख्या	2524W/31/2025/89703
4	Period of Insurance / बीमा अवधि	25/02/2025 to 24/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/01/2026 सुबह 10:00 बजे
6	Place of Accident / दुर्घटना का स्थान	महली गांव - 95.821 पुल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BHOLA NATH - 800121 8001 DL No - UPS620250000 696
8	Estimated Loss / अनुमानित हानि	NA
9	Cause of Accident / दुर्घटना का कारण :	मै रीता मरी गाड़ी लेकर मेरे पीछे के गाड़ी में मोला नाम अपिन गिजी काम से सुचितपुल वधना बाट से मधकी गांव का रहे थे। कि अचानक गांभे से मेरे सडिकिल ने टक्कर मार टिका कि लहे गिरी शेष पर गिर गई। किले मेरी गाडी शिले गिर हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANUBHAG Automobails mRj No. 32 Gachhraj, Bab4293303

Date / दिनांक : 05/01/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के


रीता



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 _____ Certificate/Policy No. 25240/B/2025/78703
 Tel. No. _____ Period of Insurance 25/02/2025 to 24/02/2026
 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 REETA DEVI
 (b) Address for correspondence VILL - JAGAL BUDHAI URF - CHEHART, PS -
 (c) Telephone 0104444710 KOTWALI MRJ

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>06568</u>	Registration No.
	Chassis No.	<u>06684</u>	

(a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL USES
 (c) Was trailer attached?
 (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? NA
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RHOLA NATH
 (b) Age : 21 YEARS
 (c) Address : VILL - RAJDA NAZAR CAMPUS GANDI
 (d) Is the Driver : NO
 1. Owner : NO
 2. paid driver? : PAID
 3. Owner's relative or friend? : Relative
 (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 : UPSG 20250000 696
 (h) Issuing Authority : _____
 (i) Date of Expiry : 14.07-2025
 (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 : 02/01/2025 (THU) 10:30 AM
 (b) Place : RAJDA NAZAR CAMPUS GANDI
 (c) Speed of vehicle at the time of accident : SPEED 40-50
 (d) Give a short description of the accident : DRIVER ATTEMPTED TO OVERTAKE
 (e) If any third party was responsible for this accident give the name and address : DRIVER ATTEMPTED TO OVERTAKE

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATES
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : SHUBHAM Automobiles MRD

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? : NA
(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? : NA
(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? : NA
(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 05/01/2002

Signature of the insured [Signature]

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 Rupées _____)
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 रीता
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

