

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.	Jee Tu 7620490170
2 Vehicle No. / वाहन संख्या	UP 81 DZ 3308
3 Policy No. / पालिसी संख्या	252400/31/2026/64492
4 Period of Insurance / बीमा अवधि	03/11/25 - 02/12/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	03/11/26 - 10: AM
6 Place of Accident / दुर्घटना का स्थान	मैसूरी चौक रोड
7 Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP 8124140004935 Jitendra Singh
8 Estimated Loss / अनुमानित हानि	4350/-
9 Cause of Accident / दुर्घटना का कारण:	मैसूरी में मैसूरी आने समय अचानक लाइन गाय मर गयी उससे गाड़ी की टकराव हो गयी ठोकर भरी गाड़ी फिट हो कर झटका हुआ है गयी। भरी गाड़ी में फ्रिज ल गये थे फिटली लाग है।
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./ दर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers 740/2 Bash Pur Farukhbad 8874481234

Date / दिनांक : 03/11/26
हस्ताक्षर

जीतु
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

Dr. Br. Office Address _____

Certificate Policy No. 252400/31/2026/64492

Tax No. _____

Period of Insurance 03/14/25 - 02/12/26

Claim No. _____

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

1. INSURED

Name Jee Ty
 Address for correspondence _____
 Telephone Gram Jaidpur Aligarh

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JF16E6SG204595</u> Chassis No. <u>MBLJFLW7A556L03483</u>	Registration No. <u>UP81DZ</u> <u>3308</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 trailer attached? _____
4. If a Motor Cycle/scooter:
1. Was a side-car attached? no
2. Was a pillion rider carried? no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

1. Registered load weight _____
2. Unladen Weight _____
3. Weight of goods loaded Load Chellan No. _____
4. Nature of petrol _____
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 Passenger permitted _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Jitendra Singh
 (b) Age: 32
 (c) Address: Vill + Po Jaitpur Aligarh
 (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)? No
 (g) Driving Licence Number: UP8120140004935
 (h) Issuing Authority: Aligarh
 (i) Date of Expiry: 19/08/2034
 (j) Was the licence temporary permanent? Permanent
 (k) Details of endorsement/suspension, if any: No
 (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

Date and Time: 03/07/26 - 10:AM
 Place: मैथिली चौराहे रोड
 Speed of vehicle at the time of accident: 40-50 kmph
 Give a short description of the accident: एक मैथिली गाड़ी सामने डायनाम सामने जाय और गाड़ी उससे गाड़ी की टक्कर हो गयी और मेरी गाड़ी जित कर दी।
 If any third party was responsible for this accident give the name and address: श्रीरामेश्वर ही गाड़ी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 1350/-
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealers Farrukhabad

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

8. INQUIRY TO DRIVER/OCCUPANT

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

N/A

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.

N/A

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 Police Station?

- (i) C.R. diary Number

N/A

I, the above named do hereby, to the best of my own 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 07/11/26 718)

जीव
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. 81023308 insured under Policy No 252400/31/2026/64492
the said company and accident which occurred on or about _____ 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.

Chief Officer
Maximum Stamp
Write Amount
Exceeds Rs. 10000

Witness
Name
Signature
Address

Signature जीत
Occupation
Address

Bank Account Number
Name of the Bank