

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.	UPSSAV2740 9721963961 (Ramshankar)
2	Vehicle No. / वाहन संख्या	UPSSAV2740
3	Policy No. / पालिसी संख्या	252400/31/2025/85163
4	Period of Insurance / बीमा अवधि	12-2-25 — 11-2-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4 4/1/26 8:30pm
6	Place of Accident / दुर्घटना का स्थान	Dhangadwa chauraha (Siddhaxthnagar)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramshankar UPSS20250015180
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण: धरस्ये धनगढ़वा चौराहे पर जा रहे थे अचानक कुत्ता आगवा जिससे गाडी से ब्रेक लिया गया और गाडी जोल रहे लड़ी ओर गाडी गिर कर क्षतिग्रस्त 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.	Kanhav Automobiles Pakadi Ulkanaygach road SiddhaxthNag 9559009744

Date / दिनांक : 8-1-26
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 _____

Certificate/Policy No. 252400/31/2025/05163

Tel. No. _____

Period of Insurance 12-2-25 — 11-2-26

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

- (a) Name : Ramshankar
(b) Address for correspondence : Birdpur No-2 Post - Naraku Bazar
(c) Telephone : Ganeshpur Khandhakh Neg

2. THE INSURED VEHICLE

Make & Year <u>Hero</u>	Engine No. <u>MA11E7SHA 46260</u> Chassis No. <u>MBL1AW228SHA 87994</u>	Registration No. <u>UPSSAV</u> <u>2740</u>
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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?
(d) If a Motor Cycle/scooter NA
1. Was a side-car attached NA
2. Was a pillion rider carried N

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 : NA
(g) If Lorry/Jeep/Tractor, was trailer attached? : _____
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____

8. INJURY TO DRIVER/OCCUPANT

Was driver/any occupant injured? : NA
If yes, give full details : _____
: _____

9. WITNESS

Give names and addresses of passengers/other
Witness, if any : _____

Did a Police Constable take particulars of
The accident? : _____

Was accident reported to Police? If not, Why? : NA

If yes, to which Police Station? : _____
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? : NA
- (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 8-1-26 200

Signature of the insured _____

Elharian

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank