

JC-6638

9/1/26

7/1/26  
विपिनेश कुमार

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.	विपिनेश - कुमार (2604830363)
2	Vehicle No. / वाहन संख्या	UP74AP1705
3	Policy No. / पालिसी संख्या	252400-21-2026-12022
4	Period of Insurance / बीमा अवधि	27-05-2025 से 26-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6-01-2026 रात 7:00
6	Place of Accident / दुर्घटना का स्थान	लॉट ग्रासुर गांव के पास
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	राहु-पल (UP74-20160002082)
8	Estimated Loss / अनुमानित हानि	3836
9	Cause of Accident / दुर्घटना का कारण:	लॉट ग्रासुर गांव के पास
		जैसे मैं जमानत मिलर आदिकर गला जो गत्राए-अधिक अथवा यथाकार मैं सेवी गाड़ी Dis - Balance डिफर गिर गयी जका अलग सेवी गाड़ी राहु पास पला-अधिक
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	ना-विषय - सेवी डिडी
12	Name of the Workshop, Address & Contact No./दर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(8707692225)

Date / दिनांक : 9-1-2026  
हस्ताक्षर

विपिनेश - कुमार  
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 हरिद्वार

Certificate/Policy No. 232400-31-2026-18033  
Period of Insurance 27-5-2025 से 26-5-2026  
Claim No. \_\_\_\_\_

Tel. 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 : शिवानंद कुमार  
(b) Address for correspondence : ग्राम - लडिगापुर जालिन्दा जिला  
(c) Telephone : 8664890369

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. = <u>HATIF7SHD2S766</u> Chassis No. = <u>MBLHALD483SHDB4778</u>	Registration No. <u>UP 74 AP 1705</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? - petrol  
(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 : Pramu - Paul  
 (b) Age : 32  
 (c) Address : गाँव - धरमपुर जीठ तिवरी  
 (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 : UP74 20160003087  
 (h) Issuing Authority : 16-4-2016  
 (i) Date of Expiry : 15-4-2036  
 (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 : 6-01-2026 शाम 7:00  
 (b) Place : धरमपुर गाँव के पास  
 (c) Speed of vehicle at the time of accident : 30 K.M  
 (d) Give a short description of the accident : जटिमपुर गाँव के पास  
 (e) If any third party was responsible for this accident give the name and address : ज्याजी से ज्याजिनका नोटर सहित  
वाणा जमा रमा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS - Pen Eastmat  
 (b) Estimated cost of repairs : 3836  
 (c) When and where can the damaged vehicle be inspected : तिवरी - मोटर्स डिपो

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 : NA  
 (e) Full details of property damaged : \_\_\_\_\_  
 (f) Has notice of any claim been given to you? : \_\_\_\_\_

8. INJURY 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. : \_\_\_\_\_

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 9-1-2026

Signature of the insured

विपिन - कुमार

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 .....

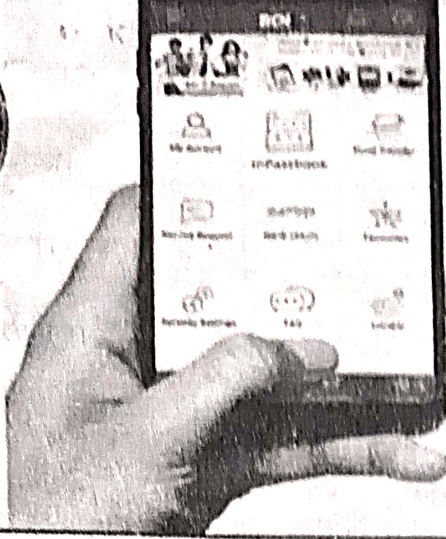
Signature ... विपिन - कुमार .....  
Occupation ... बुकि .....  
Address ... जालिमपुर, बजौर .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



Account Balance Inquiry Facility

Mobile No. for the "Missed Call"  
09266135135  
09015135135



- Account Opening through Registered Mobile
- 24x7 Access
- Safe and Secure
- Download your Account History
- Get Personalized View of Account
- Available in Hindi and English
- Available on Playstore and Appstore

बैंक ऑफ इंडिया

Bank of India

Dr. Name : TIRWAGANJ  
 Dr. Address : TIRWA-KANNUJ ROAD,, AT & POST TIRWAGANJ  
 TIRWAGANJ DIST KANNAUJ, UTTAR PRADESH, 209732  
 Dr. Tel. : 05694-261036  
 Dr. Email : Tirwaganj.Agra@bankofindia.co.in  
 IFSC Code : BKID0007601  
 MICR Code : 263013542

Deposit Insurance Cover : Rs 5 Lakhs  
 Address : GRAM JATIYAPUR  
 KANNAUJ  
 FATEHGARH 209732  
 UTTAR PRADESH INDIA  
 Operational Inst: SELF  
 Nominee : RAM BANERJI

Customer Id : 309759044  
 Account No. : 760110110015570  
 Name : 1. VIPRESH KUMAR

A/C Open Dt.: 29-05-2024  
 Schema Desc: SAVINGS BANK GENERAL  
 Schema Code: SB101  
 Spl. Charge Code: .

For your queries / enquiry  
 Toll free no. of our call center: 1800220229, 18001031906  
 Grievance Redress Officer, Branch: 05694-261036

Grievance Redress Officer, ZO: \_\_\_\_\_

This pass book is system generated and does not require any initials

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