

JC-6642

10/1/2026

1868 14.0

परीक्षा

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./ वीमाधारक का नाम & मोबाइल नं.	स्वदेश 69936980975
2	Vehicle No. / वाहन संख्या	UP 74 AP 3104
3	Policy No. / पालिसी संख्या	252400-31-2026-23841
4	Period of Insurance / वीमा अवधि	20-6-2025 से 19-6-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8-01-2026 दोपहर 1:00
6	Place of Accident / दुर्घटना का स्थान	खैरनगर रोड पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	000371S) आकाश - कुमार चौधन (UP 74-2023
8	Estimated Loss / अनुमानित हानि	12336
09.	Cause of Accident / दुर्घटना का कारण :	खैरनगर रोड पर खाड़ी गाड़ी से पिछड़कर चला कर चला जागाऊस समय में ही आकाश कुमार चौधन को कर गिरी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA तिवार मोटर्स दिल्ली
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(870769322S)

स्वदेश

Date / दिनांक : 10-1-2026
हस्ताक्षर

Signature of Insured / वीमाधारक 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 गिरग

Certificate/Policy No. 2329-00-31-2026-28841

Tel. No.

Period of Insurance 20-6-2025 से 19-6-2026
 Claim No. _____

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

I. INSURED

- (a) Name : अश्विनी, विनीता कौशल
 (b) Address for correspondence : अश्विनी, विनीता कौशल
 (c) Telephone : 9936980975

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. = <u>FRT1F654F01620</u> Chassis No. = <u>MBLHAL046554F00347</u>	Registration No. <u>UP 74AP 304</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? - PERMCO
 (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 : उडाकाश - कुमार चौधरी
(b) Age : 20-8-1996
(c) Address : उडाकाश नगर दिल्ली रोड
(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 : UP74-20230003715
(h) Issuing Authority : 16-8-2023
(i) Date of Expiry : 19-8-2036
(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 : 8-01-2026
(b) Place : खैरनगर रोड पर
(c) Speed of vehicle at the time of accident : खैरनगर रोड पर बड़ी गाड़ी
(d) Give a short description of the accident : विपरीत वाया टक्कार मात्र कार चली
(e) If any third party was responsible for this accident give the name and address : श्री

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : NA - पुरा एअर गाड़ी
(b) Estimated cost of repairs : 12,000
(c) When and where can the damaged vehicle be inspected : दिल्ली - गीतरी स्ट्रीट (B707693223)

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 : NA

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 Police 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 past or future accident shall be forfeited.

Date 10-1-026

Signature of the insured सर्वेस

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

Phone No. 261707

UTTAR PRADESH

209732

Phone No.

IFSC Code: IOIB000T595

PERSONAL DETAILS

CLF No: 30119034965

Name: SARVESH KUMAR

PAN No: JPKPS8142R

Mobile No: 9936990976

Mode of Op: SELF

D.O.B. (if minor): N/A

Email ID: sarvesh@iciba

Date of A/C Opening: 27/08/2014

Norm. Reg No:

Date of Issue: 04/06/2025

84524

06060

इंडियन बैंक Indian Bank



XXXXXX23378

CKYC ID:

XXXXXX23378

Scheme Name: IB SELF-EMPLOYED-IND-RURAL-PLN

S/O of MOHAN LAL

sukhnarpura, Kinaura,

Kaonauli,

Uttar Pradesh

209732

Norminee

XXXXXX23378

Email Id: tarva@indianbank.co.in

PPO Number:

Account No: 50224178147

Inform any Change in Your Address or Phone Number to the branch for updation

