

JC-6652
10/1/2026

20761817
- श्रीमान पाली

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.	श्रीमान सिंह (9140007587)
2	Vehicle No. / वाहन संख्या	UP 74-AN 1708
3	Policy No. / पालिसी संख्या	252400-31-2025-71242
4	Period of Insurance / बीमा अवधि	13-01-2025 से 12-01-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8-01-2026 दोपहर 2:00
6	Place of Accident / दुर्घटना का स्थान	तिरुवी - तिरुवी के पास हुआ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	श्रीमान सिंह (UP 74 2025000 7031) 16128
8	Estimated Loss / अनुमानित हानि	तिरुवी - तिरुवी के पास
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञान से अचानक साइड जाम का कारण बनने के कारण चालक ने ब्रेक नहीं गाड़ी डाला - सिंह चला रहे थे.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं तिरुवी - मोरनी टिंडी
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(8707693228)

Date / दिनांक : 10-1-2026
हस्ताक्षर

श्रीमान सिंह
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : आम- सिंह
 (b) Age : 5-11-2006
 (c) Address : कफरघुवा - राजमऊ - 2 का-नौठ
 (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 : UP74-20250007031
 (h) Issuing Authority : S-7-2025
 (i) Date of Expiry : 4-11-2044
 (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 दोपहर 2:00
 (b) Place : बिवा - कस्बेला के पास
 (c) Speed of vehicle at the time of accident : बिवा कस्बेला के पास जाते थे
 (d) Give a short description of the accident : अचानक साइड जगा गया जमकी बायीं
 (e) If any third party was responsible for this accident give the name and address : यक्षार मेरी गरी DVS - BorelCC

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS - Peg Eastman
 (b) Estimated cost of repairs : ₹ 1625
 (c) When and where can the damaged vehicle be inspected : बिवा - सीटरी डिस्ट्रिक्ट (8707693225)

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 part or future accident shall be forfeited.

Date 10-1-2026

Signature of the insured दीपिका - सिंह

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 .. क्षेत्र - सिंह
Occupation .. कपूर पुत्री गंजीमछ
Address .. क-बीज
.....
.....

Bank Account Number
Name of the Bank

1. अपने खाते का जानकारी प्राप्त करना या आपका खाताफल बदलें एवं सु-शेता आदेशों को दर्ज करें। / Register Your Mobile and EmailId for Getting Information About Your Account.
2. आप पूछावू आदि के लिए टोल फ्री नंबर पर कॉल कर सकते हैं।
You May Call Toll Free Number For Inquiry etc.
3. नियमित रूप से पासबुक अपडेट करें। / Get Pass-book Updated Regularly.
4. जहाँ कहीं भी संभव हो स्याची अनुदेश जारी करें। / Issue Standing Instructions Whenever Possible.
5. पासबुक में कहीं भी हस्ताक्षर न करें। / Do Not Put Signature Anywhere In Pass-book.
6. हम आपके सुझाव का स्वागत करते हैं। / We Welcome Your Suggestions.
7. कहीं भी कठिनाई होने पर मूल्य वर्धित सेवाओं के लिए शाखा प्रबंधक से संपर्क करें।
Contact Branch Manager In Case of Difficulties/Value Added Services.

8. टोल फ्री हेल्प लाइन नं. 1800 425 00 0000 / 11
Toll Free No.: 1800 425 00 000
9. झूठे वादों की संघट नें न आएं। सदैव्य योजनाओं से सावधान रहें।
Do Not Fall Prey to False Promises, Beware of Dubious Schemes.
10. कृपया अपने खाते का खाता/इंटरनेट बैंकिंग की यूजर आईडी एवं पासवर्ड/एटीएम डेबिट कार्ड/क्रेडिट कार्ड/मोबाइल बैंकिंग, जैसी निजी जानकारी को किसी के साथ साझा न करें।
Please do not Disclose Your Account Details/Internet Banking, User ID and Password/ATM Debit Card/ Credit Card/ Mobile Banking Personal Information to Any Person.

BELA ROAD, TIPPIA KHAS

Business Hours :

Continuity PB.No : 1

DISTT. - KANNAUDJ
Phone No : 261707
UTTAR PRAD.FSH
209732



IFSC Code : IDIB000T595 MICR Code : 226019209 Email Id : tirnagar@indianbank.co.in
PERSONAL DETAILS PPO Number:
CIF : 30570357898 Account No : 7536822502

Name : PRANSHU SINGH
PAN NO : MTRPS3131C
Mobile No : 9140007587
Mode of Op : SELF
D.O.B. (If minor) : N/A
Email ID :
Date of A/C Opening : 23/06/2023
Nom.Reg No : 107458357
Date of Issue : 23/06/2023

S/D/W OF : SUSHEEL SINGH
KABOORPURA
GASEMAN
KANNAUDJ

209727
Nominnee : SUSHEEL SINGH

(Handwritten Signature)



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