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14/1/2026

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ऑरिएण्टल इश्योरस

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरस 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 रपॉर्ट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

| | | |
|----|--|---|
| 1 | Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं. | विनय - कुमार (775389247) |
| 2 | Vehicle No. / वाहन संख्या | UP74AN6419 |
| 3 | Policy No. / पॉलिसी संख्या | 252400-31-2025-97551 |
| 4 | Period of Insurance / बीमा अवधि | 25-3-2025 से 24-3-2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 12-01-2026 शाम 7:00 |
| 6 | Place of Accident / दुर्घटना का स्थान | विधि- मेडिकल - काशी के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | अशोक - मास्टर (UP742023000 82894) |
| 8 | Estimated Loss / अनुमानित हानि | 82894 |
| 09 | Cause of Accident / दुर्घटना का कारण: | विधि- मेडिकल काशी के पास कारण (अशोक) की (अध्यात्म) दुसा निवला पदा (अशोक) व्यक्ति चक्कर में मेरी गाड़ी रॉड- obstacle होकर ठोकर (अस) समय मेरी गाड़ी (अशोक-मास्टर) गये थे |
| 10 | Spot Survey / रपॉर्ट सर्वे / रपॉर्ट सर्वेयर का नाम | |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No. | NA विधि- मेडिकल विधि |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | (8707693225) |

विनय कुमार

Signature of Insured / बीमाधारक के

Date / दिनांक : 14-1-2026
हस्ताक्षर



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 मेरठ

Certificate/Policy No. 252400-31-2025-37551

Tel. No.

Period of Insurance 25-3-2025 to 24-3-2026
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 : सिद्ध - कुमार शीत
(b) Address for correspondence : सिद्ध - कुमार शीत
(c) Telephone : 7553892147

2. THE INSURED VEHICLE

| | | |
|-----------------------------------|--|--|
| Make & Year <u>HERO - 2015</u> | Engine No. = <u>HATTEBR6K08312</u> Chassis No. = <u>MBLHAW233R6K02609</u> | Registration No. <u>UP 74 AH</u> <u>6419</u> |
|-----------------------------------|--|--|

- (a) Was the vehicle in proper working condition? - NA
(b) For what purpose was the vehicle being used at the time of accident? - Personal
(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 : अश्विनी - गादवा
 (b) Age : 1-5-2002
 (c) Address : सोवधवा, जेडीमऊ वार्ड नॉ. 1
 (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 : UP-74-2023000 8894
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31-10-2023
 (j) Was the licence temporary/permanent : 31-7-2042
 (k) Details of endorsement/suspension, if any : रिजमरक
 (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 : 12-1-2026 सां 7:00
 (b) Place : बिवा - मेडियाल कॉलेज पास
 (c) Speed of vehicle at the time of accident : 40 K.M
 (d) Give a short description of the accident : बिवा - मेडियाल कॉलेज के पास
 (e) If any third party was responsible for this accident give the name and address : अश्विनी से अज्ञातक रुवा आ गमअअअ
बायने चक्कार मे मेरी DIS - Balank

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS - Ber Eastman
 (b) Estimated cost of repairs : बिवा - 8294
 (c) When and where can the damaged vehicle be inspected : बिवा (8707698225)

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? _____ **NA**
(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? _____ **NA**
(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 14-1-2023

Signature of the insured

RAJAT - GHR

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 .. विनय - कुमार

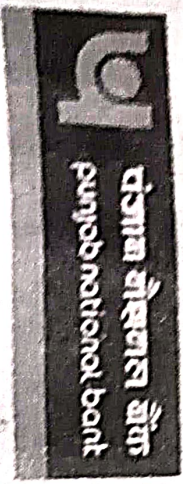
Occupation .. कर्मि

Address .. ब्राह्म गजिन्द्र - 2

राजीव

Bank Account Number

Name of the Bank



पंजाब नैशनल बैंक
Punjab National Bank

सराय मीरा, कन्नौज (उ.प्र.)
Sarai Meera, KANNAUJ (UP) - 209727
RTGS/NEFT IFS Code : PUNB0459100

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

D D M M Y Y Y Y

या धारक को OR BEARER

PAY

₹ RUPEES

अदा करें ₹

बैंक खाता
Ac No. 4591001500027068

बचत खाता
SAVING A/c
4591001500027068

HDM

VINAY KUMAR S/O RAJEEV KUMAR

Vinay Kumar
Please sign above

॥ 08 2 38 3 ॥ 20 90 24 30 21 ॥

31