

5C-6819
30/11/2026

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.	राजू (9838498366)
2	Vehicle No. / वाहन संख्या	UP 76 AV 2604
3	Policy No. / पालिसी संख्या	252400-31-2026-13731
4	Period of Insurance / बीमा अवधि	14-5-2025 से 13-5-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18-1-2026 सात 7:00
6	Place of Accident / दुर्घटना का स्थान	बिपी - डीएन एन कालीज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अमर-दीप (UP76 2015 0009273)
8	Estimated Loss / अनुमानित हानि	9255
9	Cause of Accident / दुर्घटना का कारण :	बिपी डीएन एन डक्टर कालीज के पास (अच्छे से अचानक) आठ (आठ) गमों में किसी भी गड़ी गड़ी गड्स - स्ट्रोक ड्रिवर फिर गड़ी (अच्छे समय) गड़ी (अमर दीप था) से से.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA बिपी - सीएन बिपी
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल. / फ़ोन नं.	(9707693225)

राजू

Date / दिनांक : 20-1-2026
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 मेरठ

Certificate/Policy No. 252400-31-2026-13731

Tel. No.

Period of Insurance 14-5-2025 से 13-5-2026
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 : राजू
(b) Address for correspondence : ग्राम गेज - ग्राम गेज फकिरबाबाद
(c) Telephone : 9338498344

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. = <u>FIATTE8 SHH 72149</u> Chassis No. = <u>MBLHAL0232SHAC 9089</u>	Registration No. <u>UP 76 AY 3604</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? - 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 : उमर-दीप
 (b) Age : 30-12-1994
 (c) Address : गुरुद्वारा-2 फर्रुखाबाद
 (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 : UP76 2015 0000 9279
 (h) Issuing Authority : 6-8-2015
 (i) Date of Expiry : 5-8-2035
 (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 : 18-1-2026 सां 7:00
 (b) Place : दिल्ली - गुरुद्वारा इस्टर कॉलेज पास
 (c) Speed of vehicle at the time of accident : 40 K.M
 (d) Give a short description of the accident : दिल्ली इस्टर कॉलेज पास
 (e) If any third party was responsible for this accident give the name and address : अध्यापक कास (सा 241)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AB - Pen Eastmac
 (b) Estimated cost of repairs : 9255
 (c) When and where can the damaged vehicle be inspected : दिल्ली - मोटर्स डिप्टी

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? _____
- (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 20-1-2026

Signature of the insured _____

2107

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

**SBI - KIOSK
Identity Card**

**BANKING
Card**

SAVING A/c

EM Number: 88012625471
Account Number: 34518145776
IFSC Code: SBIN0011210
First Name: RAJU
Middle Name:
Last Name: X
Address: S/O RAMNARAYAN
YAOUTGANJ
DIST-FARRUKHABAD
Village Name: YAOUTGANJ
Pin Code: 209749
Branch Name: ATUL AWASTHI
Branch Location: Mahrupur Saraju

2014/12/21

