

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	रश्मी-देवी 748970673093
2	Vehicle No. / वाहन संख्या	
3	Policy No. / पालिसी संख्या	UP 74 AN 4694
4	Period of Insurance / बीमा अवधि	252400-31-2025-30303
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-2-2025 से 26-2-2026
6	Place of Accident / दुर्घटना का स्थान	20-1-2026 सुबह 11:30
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	कृष्ण और तेजबहा के बीच
8	Estimated Loss / अनुमानित हानि	एम.के. कुमार CUP 74-20220001486 16096
09.	Cause of Accident / दुर्घटना का कारण :	कृष्ण और तेजबहा के बीच से आगे से अचानक E- ब्रिक्का वाले से टक्कार मार दिया गया मगर मैत्री गंजी एम.के. कुमार पला है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NR तिथि - मोटर्स इंडिया
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(8707693225)

रश्मी-देवी

Date / दिनांक : 22-1-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

which is due as per the recommended Preventive

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : वसंत - खार

(b) Age : 1-01-1988

(c) Address : शिवधर रोड अहमदनगर

(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)? : NO

(g) Driving Licence Number : UP 74 2022 00 01426

(h) Issuing Authority : _____

(i) Date of Expiry : 2-2-2027

(j) Was the licence temporary/permanent : Permanent

(k) Details of endorsement/suspension, if any : NO

(l) Has he been involved in any accident before? : NO

(m) Has he been charged by the police? If so, Why? : NO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 20-1-2026 सुबह 11:30

(b) Place : कुर्नेर रोड केराळ के बीच

(c) Speed of vehicle at the time of accident : 30 Km

(d) Give a short description of the accident : मे ए निष्ठा परा जात के बीच

(e) If any third party was responsible for this accident give the name and address : मे एरा गा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AG - Pen Exhaust

(b) Estimated cost of repairs : 16086

(c) When and where can the damaged vehicle be inspected : रिप - मेरनी रिप

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 _____

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 22-1-076

Signature of the insured

रानी देवी

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 or 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 रसमी - देवी
Occupation पीरिअडर पी०
Address जमीन का. गीण
.....

Bank Account Number
Name of the Bank

NAME AND ADDRESS OF BRANCH:

TIRWA KHAAS
CANARA BANK
SYNDICATE BANK, H NO 10/313, RANI AWASTHI BAI
NAGAR TIRWA
KHAAS, KANNAUJ
KANNAUJ
UTTAR PRADESH-209732
IFSC Code: CNRB0019230 MICR Code: 209015310
Tel No: 0
Email ID: cb19230@canarabank.com
Foreign Exchange/SWIFT Code: CNRBINBBBFD

Contact details of Banking Ombudsman:
Centralized Receipt and Processing Centre (CRPC)
Office of Banking Ombudsman

Reserve Bank of India
4th Floor, Central Vista, Sector-17
CHANDIGARH-160017
Toll Free No. 14448

Online Complaint Registration Portal: <https://oms.rbi.org.in>

Account No: 110288561761

Product Name: Canara Angel - Lavender
Product Code: 1628

NAME(S)

VPA Id:
RASHMI DEVI

Occupation
Address

HOUSE WIFE
C/O: PRADEEP KUMAR GRAM VEERIYAHAR, POST AMOLAR AMOLAR
CHHIBRAMAU KANNAUJ UTTAR PRADESH, AMOLAR-209731-UTTAR
PIN/ZIP number: 209731

Customer ID : 336699066
A/C Opened On

DOB/DOR : 20-OCT-1999
14-JAN-2026

Mode of Operation:
Mobile: 919277207075
PAN NO: GUGPD1955M
Nominee Reg: Y
Nominee Name:

PB Issue Date: 19-JAN-2026
Email:
KYC Identifier:
PPO No:
Nominee Reg No:

