

JC-6968

24/1/2026

1400 K.M.

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.	जिवेन्डु - कुमार (7383288548)
2	Vehicle No. / वाहन संख्या	UP 74 ACQ 5551
3	Policy No. / पालिसी संख्या	252400-31-2026-63766
4	Period of Insurance / बीमा अवधि	29-11-2025 से 28-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-1-2026 दोपहर 1:30
6	Place of Accident / दुर्घटना का स्थान	बेला के पास पिपशेली गंज
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	76201 Suresh - Kumar (UP 74 2016000-11805)
8	Estimated Loss / अनुमानित हानि	बेला के पास पिपशेली के
09.	Cause of Accident / दुर्घटना का कारण :	बेला के पास पिपशेली के पास से गड़ी (अचानक) बेला गड्डे में लाने कारण से गड़ी मिश्र - Balance ड्रॉवर स्वयं से लॉकर उपकार गरी (अचानक) से गड़ी सर्वेश कुमार चला हे है.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA तिका - मोरसी दिखे
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(870769325)

Date / दिनांक : 24-1-2026
हस्ताक्षर

जिवेन्डु - कुमार
Signature of Insured / बीमाधारक के

MOTOR CLAIM FORM

Div. Br. Office Address पिठ
 Tel. No. _____

Certificate/Policy No. 252400-31-2026-63766
 Period of Insurance 29-11-025 से 28-11-2026
 Claim No. _____

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

(a) Name : INSURED
विभव कुमार
 (b) Address for correspondence : सेक्टर 14, सेक्टर वाच बघुवाड़ी
 (c) Telephone : 7303288549

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. <u>HA11F754L07143</u> Chassis No. <u>MBLHA048334L0S846</u>	Registration No. <u>UP 74 AC</u> <u>SSSI</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 : BEJRESH - KUMAR
 (b) Age : 20-7-1981
 (c) Address : बंगला विद्यार्थी - इलाहाबाद
 (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 2016 0007620
 (h) Issuing Authority : 22-10-2016
 (i) Date of Expiry : 19-7-2031
 (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 : 20-1-2026 डीएल 1:30
 (b) Place : बंगला के पास पिपरीवा गांव
 (c) Speed of vehicle at the time of accident : 40 km के पिपरीवा गांव
 (d) Give a short description of the accident : बंगला के पास गाड़ी से लगे कारवा
 (e) If any third party was responsible for this accident give the name and address : मिस्त्री गाडी धर - Balance डेकर 20000

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AB - PET Eastman
 (b) Estimated cost of repairs : 11805
 (c) When and where can the damaged vehicle be inspected : मिस्त्री - मीरजे डिपो

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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : NA

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.

NA

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

NA

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 24-1-026

Signature of the insured

पति - अर

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 _____ 2009
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 पति - वर
Occupation श्री
Address अहमदाबाद - 2
.....
.....

Bank Account Number
Name of the Bank

This pass book is system generated and does not require any signature



चेतावनी

व्यक्तिगतों से देश में ही नहीं बल्कि विदेशों से भी मिलने वाले कर्मी प्रस्ताव/सौजन्य/पत्राचारण, विदेशी विदेश, सरकारी फंड प्रस्ताव, नौकरी के प्रस्ताव, आयुर्विषय के प्रस्ताव, प्रस्ताव विदेश के प्रस्ताव, विदेशी प्रोत्साहन विदेशीयताओं वाले से प्रस्ताव के प्रस्ताव और यह ही अन्य प्रकार के कर्मी प्रस्तावों से सम्बन्धित हैं।

WARNING

Beware of fictitious offers, messages/SMS about lottery winnings, cheap fund offers, employment offers, scholarship offers, offer of emigration visas, offer of admission to reputed universities abroad and similar such offers from fraudulent persons within the country or from abroad.

नकद Cash	नकद Cash	लाभांश पत्र Dividend Warrant	ला. पत्र D/W	ब्याज Interest	ब्याज Intt.	बाहरी चेक/चेरि नोट Outstation Cheques/Bills	शेडी Shed
चेक Cheque	चेक Ch.	ड्राफ्ट Draft	डा. Dr.	आयक डाक अन्तरण Inward Mail Transfer	आ. पत्र डी. Intt. Pass Bk.	बिल्स प्रोसेसिंग Bills Processing	कॉम्प्यूटर Computer
समाशोधन Clearing	स.शो Clg.	इलेक्ट्रॉनिक समाशोधन सेवा Electronic Clearing Services	ईसीएस ECS	स्थानीय चेक/मॉग ड्राफ्ट Local Cheque/Demand Draft	एन.टी.डी. N.T.D.	नॉन टाइम ग्रेस सेटलमेंट Non Time Gross Settlement	एन.टी.डी. N.T.D.
कमीशन Commission	कमी. Com.	प्रासांगिक प्रभार Incidental Charges	प्रा. प. I/C	राष्ट्रीय इलेक्ट्रॉनिक निधि अंतरण National Electronic Fund Transfer	एन.ए.ए. N.E.F.T.	रिटर्निंग Returning	एन.टी.डी. N.T.D.
बट्टा Discount	बट्टा Disc.	इंटर सोल Inter Sol	आईएसओ ISO	बाहरी चेक / बिल Outstation Cheques / Bills	ओ.के.डी. O.K.D.	ट्रान्स्फर Transfer	ए. A.

ग्रामीण बैंक ऑफ आर्यावर्त



GRAMIN BANK OF ARYAVART

Br. Name : TAHPUR
 Br. Address : TAHPUR
 Br. Tel. :
 Occupation : STUDENT
 Address : SARAWATA E/O TAHPUR
 KANHAJI TARIKH
 IFSC Code : BRIDCARYAB
 MICR Code : 209448256
 Customer Id : 100590159
 Operational Inst: SELF
 Nomination : Not Regd.
 A/C Open Dt.: 11-01-2011
 Account No. : 052810310000394
 PAN No : PAN NOT FURNISHED
 1. JITENDRA KUMAR S/O SHIVRAM SINGH

A/C 052810310000394

