

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./ वीमाधारक का नाम & मोबाइल नं.	आरिफ खान, 88540235808
2	Vehicle No. / वाहन संख्या	PH5P3C 5989
3	Policy No. / पालिसी संख्या	252400/3M2026/36348
4	Period of Insurance / बीमा अवधि	13.09.2025 - 14.09.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23.12.2025 - 6:30 PM
6	Place of Accident / दुर्घटना का स्थान	नरिवाणार लुडुआ गजामकेपाल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सकारिकुमार खान, 88540235808 PH5P3C 50002102
8	Estimated Loss / अनुमानित हानि	₹. 107000.00
9	Cause of Accident / दुर्घटना का कारण	हमारे कार हमारे गाड़ी निकर जा रहे थे लुडुआ गजाम के माल सामने से बोलते वाहन आ रहा था बोलते के रेशमी हमारे कारके पर आयावकाले पडने के कारण हमारी गाड़ी डिलवेंगेस होकर बोलते के बलकले कारणते दुर्घी रास्ते में मंडि बड़ा ला लफ्डी के अतरवे में म गाड़ी चहते हुये मोर गडि कोर आदि गाड़ी क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	विश्व आर्त लेवल 8299824165, 8858175410

Date / दिनांक : 25/01/26  
हस्ताक्षर

*Arif Khan*  
Signature of Insured / वीमाधारक 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 Mesth  
 Tel. No. \_\_\_\_\_

Certificate/Policy No. 95240/31/2026/36348  
 Period of Insurance 15.9.2025 - 14.09.2026  
 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 : Asif Khan  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8840235808

2. THE INSURED VEHICLE

Make & Year <u>Moto</u> <u>2025</u>	Engine No. <u>HA11F6S1593107</u> Chassis No. <u>02BCH1AW472SH6B2563</u>	Registration No. <u>UN4BC</u> <u>5989</u>
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(a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? Personal use  
 (c) Was trailer attached? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NO

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 : NA  
 (f) Was the vehicle plying for hire : NA  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

Asif Khan

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Salauddin Khan  
(b) Age : 40 years  
(c) Address : Muzam Shahbagh  
(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? :  
(g) Driving Licence Number : UPCL20150009102  
(h) Issuing Authority : S.M.B. P.T.O  
(i) Date of Expiry : 27.02.2035  
(j) Was the licence temporary/permanent :  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before? :  
(m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 23.12.2015 6:30 PM  
(b) Place : जय लाल लेडिआ गोरवा के पास  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : कोई देवका ले टकराया दोस पल्ले पड़े आरु के  
(e) If any third party was responsible for this accident give the name and address : उसके पल चढ़ा दुखाने मिराई कोरना के बागमर के

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front side  
(b) Estimated cost of repairs : R.S. 10700=00  
(c) When and where can the damaged vehicle be inspected : Vindya Auto Sales

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 : N/A / N/A  
(e) Full details of property damaged :  
(f) Has notice of any claim been given to you? :

Axif Khan



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 .. *Arif Khan* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....