JC-6991
25/1/2026

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	उदयवीर- सिंह (9917943 77197)
2	Vehicle No. / वाहन संख्या	UP 74 AP 1193
3	Policy No. / पालिसी संख्या	2524 00 - 31 - 2026 - 16481
4	Period of Insurance / बीमा अवधि	22-5-2025 से 21-5-2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	23-01-2026 सुबह 12:30
6	Place of Accident / दुर्घटना का स्थान	तिवी - बरसीला के पास
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	उदयवीर - सिंह (UP74 20250003255) 9841
8	Estimated Loss / अनुमानित हानि	तिवी बरसीला के पास खड़ी

09. Cause of Accident / दुर्घटना का कारण :

गाड़ी से उतर से बाबुन ने इंट जिश तियीउस समय मेरी गाड़ी उदयवीर - सिंह बैठकर गये थे.

10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	तिवी - मोटर्स हिंडो (9760693225)

उदयवीर - सिंह

Date / दिनांक :- 25-1-2026

Signature of Insured / बीमाधारक के 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

Tel. No.

Certificate/Policy No. 252400-31-2026-16481

Period of Insurance 22-5-2025 से 21-5-2026

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 : [illegible]
(b) Address for correspondence :
(c) Telephone : 9911943719

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO - 2025	Engine No. JAOGEANHKO9081 Chassis No. MBLJAL0266NHKOS174	UP74 AP 1193

(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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA

3. DIRVER AT THE TIME OF ACCIDENT

(a) Name : अधीर - सिंह
(b) Age : [illegible]
(c) Address : [illegible]
(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 : UP74 20250003255
(h) Issuing Authority : 7-4-2025
(i) Date of Expiry : 6-4-2035
(j) Was the licence temporary/permanent : Parmnnt
(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 : 22-01-2026 समय 12:30
(b) Place : तिर्वा - कन्नौज के पास
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : तिर्वा कन्नौज से पहले एक पास खड़ी [illegible]
(e) If any third party was responsible for this accident give the name and address : ऊपर से कंटेनर ने हिट किया था।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : RS - Fiber Externel
(b) Estimated cost of repairs : [illegible]
(c) When and where can the damaged vehicle be inspected : तिर्वा मोटर्स - तिर्वा.

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

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 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 25-1-026

Signature of the insured

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._____

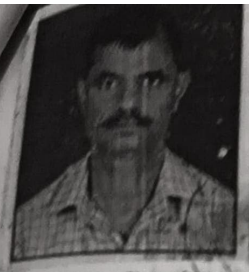
One Rupee Revenue Stamp When Amount Exceeds Rs. 5000/-

Witness
Name .....
Signature .....

Address .....

Signature उदयवीर सिंह
Occupation चौकीदार जनरल
Address जनरल वार्ड गेट
.....
.....

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



Chg/ch = Charge/
Chq = Cheque/
CIF = Customer Information File/
Clos = Closure/
Coll = Collection/
Comm. = Commission/
COR/CORR = Correction/
CR = Credit/

Csh = Cash/
dep = Deposit/
Dft = Draft/
dish/dsh = Dishonor/
DR = Debit/
DOB = Date of Birth/
eft = Electronic Fund Transfer/
Inop = Inoperative/
Ins = Insurance/
Int / In = Interest/
lon/loan/
min = Minimum/
os = Outstanding/
P&T = Postal Charges/

Pos = Point of Sale/
Pr = Principal/
proc = Processing Charge/
rd = Recurring Deposit/
ret/rtn = Return/
Rnd = Round off/
sb = Savings Bank/
SC = Short Credit/
SI/So/SORD = Standing Instruction/
S/D/W/H/o = Son/Daughter/Wife/Husband of/
tr/trf/xfer = Transfer/
txn = Transaction/
Wdl = Withdrawal/
*MOD bal = Total balance (SB-linked MOD a/c)/

SBI भारतीय स्टेट बैंक STATE BANK OF INDIA

Branch: TIRWA Code: 11510
TIRWA KHAS
Email:sbi.11510@sbi.co.in
Phone No.: 9919887887
IFSC: SBIN0011510

Buss. Hrs:10:00:00-16:00:00
MICR: 209002353

Name: Sepoy UDAYVEER SINGH
S/D/W/o : SIYA RAM SINGH
CIF Number : 85226614526
Account No.: 30371128492
A/c Type : SB DSP GOLD
Address : s/o siya ram singh vil pahadipur
jankhat
kannauj

Phone No. :
Email.(If Minor):
PPO Number :

MOP: SINGLE
A/c Opening Dt: 23/04/2008
Nom Reg No:
Customer's PAN: BHRPS4835G
Date of Issue: 02/01/2024
DUPLICA45000
Post Code: 20
Sr. Citz Flag:

BRANCH MANAGER