

सेवा में,
The Oriental Insurance Co Ltd /
दिए ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

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

सा / 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. | AZMAT SHAM no - 72 67 00 7117 |
| 2 Vehicle No. / वाहन संख्या | UP31 CK 1719 |
| 3 Policy No. / पालिसी संख्या | 252400/31/2025/Q3096 |
| 4 Period of Insurance / बीमा अवधि | 07/02/2025 TO 06/02/2026 |
| 5 Date of loss & Time / दुर्घटना का दिनांक & समय | 22/01/2026 06:PM |
| 6 Place of Accident / दुर्घटना का स्थान | सुयना बरसावा में RAJA KHAN |
| 7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | UP31 20200016511 7677 लग शम |
| 8 Estimated Loss / अनुमानित हानि | |
| 9 Cause of Accident / दुर्घटना का कारण : | सुयना बरसावा में हल्की गाड़ी शारीर लेवेल खेत में चलते जा रहे थे तभी वाहन में एक गाय भाग पड़ी जिसे खते गाड़ी उभ गाय के जाकर चक्कर मारने की वजह से हो गई और वाहन क्षतिग्रस्त हुआ |
| 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. | SRI RAM GOMTI AUTO Mobilen NIZUHASAN |

26/01/2026

अब्दुलरहमान

Signature of Insured / बीमाधारक के

Date / दिनांक :
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 _____
Tel. No. _____

Certificate/Policy No. 252400/31/2025/03096
Period of Insurance 07/02/2025 to 06/02/2026
Claim No. _____

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

I. INSURED
(a) Name : AZMAT SHAH
(b) Address for correspondence : VILL- SUTHANA BAR-SOLA PS-TIRUNIA
(c) Telephone _____

2. THE INSURED VEHICLE

| | | |
|---------------------------------|---|--|
| Make & Year <u>2025 HERO</u> | Engine No. <u>JF16E PPGJ00459</u> Chassis No. <u>MBLJFW 599 PGJ00211</u> | Registration No. <u>UP31CS 1719</u> |
|---------------------------------|---|--|

- (a) Was the vehicle in proper working condition? bc
- (b) For what purpose was the vehicle being used at the time of accident? ✓
- (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 Tractor/Tractor, was trailer attached? : _____
 - (h) Number of passengers carried : _____
 - (i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAJA KHAN
 (b) Age : 34 yr
 (c) Address : VILL- SUTHAMA BAR SOLA POST TIKUNIA
 (d) Is the Driver : THANA SINGAME
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? :
 (e) If paid driver, how long has he been in our employment :
 (f) Was he under the influence of intoxication or drugs? :
 (g) Driving Licence Number : UP3120200016511
 (h) Issuing Authority : Khajuri
 (i) Date of Expiry : 14-06-2032
 (j) Was the licence temporary/permanent : 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 : 22-01-2026 06:PM
 (b) Place :
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected :
 7677
 Sai Ram Croma

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? :
 MA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured?
(b) If yes, give full details

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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) P.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.

26/01/2026 *[Signature]*

Signature of the insured

Date _____ 200

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. UP31 OK1719 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 31st HARIK
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank