

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.	Rajsohn Katiyara 9793048884
2	Vehicle No. / वाहन संख्या	UP76AX 1576
3	Policy No. / पालिसी संख्या	252400/31/2026/67315
4	Period of Insurance / बीमा अवधि	29/12/2025 to 28/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/11/2026 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	Choti Jaul Road Faridgarh
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP76 20220005864 Kishan Lal
8	Estimated Loss / अनुमानित हानि	7739/-
09	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी गली पल रहा था और मेरे पीछे ट्रक था अचानक सामने से ट्रक आने के कारण गाड़ी उल्टी साइड बिल पडी और फ्लिप हो गई)
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Amul Auto Dealer Main Road Kamalgarh 8090358158

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के
प्रसून कटियार



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 morut

Certificate/Policy No. 252400/31/2026/67515

Tel. No.

Period of Insurance 29/12/2025 to 29/12/2026
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

Prasoon katiyar
Kirti puri kirti puri suratkheda

- (a) Name
- (b) Address for correspondence
- (c) Telephone

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HAUF6SGM12254</u> Chassis No. <u>MBLHAWL073SGM12224</u>	Registration No. <u>UP76AX</u> <u>1576</u>
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- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried

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 Prasoon Kabiyat
- (b) Age 21
- (c) Address Kirti Park Kirti Post Farukhabad
- (d) Is the Driver
 - 1. Owner _____
 - 2. paid driver?
 - 3. Owner's relative or friend? brother
- (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 UP76 20220005864
- (h) Issuing Authority Farukhabad
- (i) Date of Expiry _____
- (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 _____
- (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 As per estimate
- (b) Estimated cost of repairs Ami's Auto Dealer Kanungo
- (c) When and where can the damaged vehicle be inspected _____

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? _____

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 _____ 200

Signature of the insured _____

प्रसून कटियाल

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 *प.स. कटियार*

Occupation

Address

Bank Account Number

Name of the Bank