

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.	शत्रुघ्न कुमार 9935965309
2	Vehicle No. / वाहन संख्या	UP 53 FK 8956
3	Policy No. / पालिसी संख्या	252400/31/2026/33941
4	Period of Insurance / बीमा अवधि	22-08-2025 TO 21-08-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-1-2026 5:30 PM
6	Place of Accident / दुर्घटना का स्थान	मौलाना
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शत्रुघ्न कुमार - 9935965309 UP 53 20130027311
8	Estimated Loss / अनुमानित हानि	4872
09.	Cause of Accident / दुर्घटना का कारण :	एन ड्राइवर - गोबरपुत से वाधागाड़ी अपने घर जा रहे थे जो रास्ते में मौलाना के पास दुर्घटना हुआ है, सामने ले जाकर वाला गाड़ी को ठोकर मार दिया।
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.	श्री मीरिस जेनेरलपुट नोकरा 80 फ्ल 273001 6386521346

Date / दिनांक : 29/1/2026
हस्ताक्षर

शत्रुघ्न कुमार

शत्रुघ्न कुमार
Signature of Insured / बीमाधारक 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: GORDHPUR

Certificate/Policy No. 2524001311206193941

Tel. No.

Period of Insurance 22-08-2025 TO 21-08-2028
 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 BAMTOSH KUMAR
 (b) Address for correspondence
 (c) Telephone BAGHMANA 9935965309

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. Chassis No. <u>MALHAW4085H052 58</u>	Registration No. <u>UP59FK 0956</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 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? NA
- (h) Number of passengers carried
- (i) Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: SMITHS KUMAR
 (b) Age: 36
 (c) Address: BRIGGS ROAD, BELUR, CHENNAI-600150
 (d) Is the Driver: SMITHS KUMAR

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 License Number: GP52 20130007311
 (h) Issuing Authority: CHENNAI
 (i) Date of Expiry: PERMANENT
 (j) Was the license 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 police for any violation of the Motor Vehicle Act, 1988?

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 27-1-2026 at 05:30 PM
 (b) Place: BRIGGS ROAD
 (c) Speed of vehicle at the time of accident: 30 KM/H
 (d) Give a short description of the accident: DRIVER AT GUST WHILE DRIVING IN THE RIGHT LANE OF THE ROAD COLLIDED WITH THE
 (e) If any third party was responsible for this accident give the name and address: THIRU

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
 (b) Estimated cost of repairs: AS PER ESTIMATE
 (c) When and where can the damaged vehicle be inspected: AS PER ESTIMATE

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: N/A
 (f) Has notice of any claim been given to you? _____

8. INQUIRY TO DRIVER/ACCIDENT PART

(a) Was driver or occupant injured? NR

(b) If yes, give full details

(c) Give names and addresses of passengers/other witnesses, if any

(d) Did a Police Constable take particulars of the accident? NR

(e) Was accident reported to Police? If not, Why?

(f) If yes, to which Police Station? NR

(g) Date and Hour? No

(h) Date and Time

(i) Place

(j) Estimated cost of replacement?

(k) If so, when discovered and reported?

(l) Has theft been reported to Police? NR

(m) When?

(n) Which Police Station?

(o) C.R. diary Number?

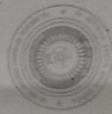
I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date: 29/1/2026 200 Signature of the Insured: Arshad Khan

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____



Issuing Office

The Oriental Insurance Company Limited
Head Office, A-28/27, Ashi 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. _____



Witness
Name
Signature

Signature
Occupation
Address

Bank Account Number
Name of the Bank