

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

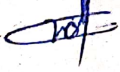
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	BANTI BABU - 7055438090
2	Vehicle No. / वाहन संख्या	UP 85 CZ 4685
3	Policy No. / पालिसी संख्या	252400/31/2026/46060
4	Period of Insurance / बीमा अवधि	18-10-2025 to 17-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30-1-2026 4:50 PM
6	Place of Accident / दुर्घटना का स्थान	DAUNAMA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BANTI BABU - 7055438090 UP 85 20040000026
8	Estimated Loss / अनुमानित हानि	11064
09.	Cause of Accident / दुर्घटना का कारण:	मे अपने शहर कोशी कल्ला से अपने 4 गाँव चन्द्रौरी आ सरादा था तभी मेने अपने गाँव की तरफ लडक मोडी मे सामने एक कार आ गई उसने अचानक ब्रेक मार दी और पिछे से आ रही कार ने मेरी लडक मे टक्कर मार दी जिससे मेरी लडक खाँसी वाली कार मे जा लगी मेरे लडक से दूर जा गिरा और मेरे लडक मे चाल नहीं आई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	मे लडक से दूर जा गिरा और मेरे लडक मे चाल नहीं आई।
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MAHENDRA Motors CHHAJ NH-19 NEAR KHAMAL FOUJHAD Petrol Pump 8755342003

Date / दिनांक : 2-2-2026
हस्ताक्षर



Signature of Insured / बीमाधारक के

बन्ती बाबू

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : BANHI BABU
(b) Age : 15-8-1985
(c) Address : CHAUDHARI CHAND, MAHURA
(d) Is the Driver
1. Owner : YES
2. paid driver? : NA
3. Owner's relative or friend? : NA
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP 85 20040000026
(h) Issuing Authority : ARTO MAHURA
(i) Date of Expiry : 27-12-2033
(j) Was the licence temporary/permanent : permanent
(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 : 30-1-2026 4:50 PM
(b) Place : DALTANA
(c) Speed of vehicle at the time of accident : 30 KMPH
(d) Give a short description of the accident : UTEON KA SHUVAHITO DONO CONTACT - CRASH KAZIWA BANHI CHAND MAHURA
(e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 11064
(c) When and where can the damaged vehicle be inspected : MAHENDRA MOTORS CHHARA

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? : NA
(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? : NA
(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? : NA
(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 2-2-2020

Signature of the insured बन्दी बाबू



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 _____ Certificate/Policy No. 252400/31/2026/46060
 Tel. No. _____ Period of Insurance 16.10.2025 to 17.10.2026
 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 : BANHI BABU
 (b) Address for correspondence : CHANDAPUR, CHHATA, MATHURA
 (c) Telephone : 7055438090

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HA11F7SG1523495</u>	Registration No.
	Chassis No. <u>MB41AWUB5SG1513615</u>	<u>UP-25-CZ-4685</u>

- (a) Was the vehicle in proper working condition? NA
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL USE
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NA
 1. Was a side-car attached yes
 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 NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

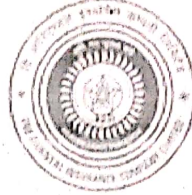


Discharge Voucher

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 बन्दी बाबू

Occupation

Address

Bank Account Number

Name of the Bank

