

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.	Ahshan - 8595303526.
2	Vehicle No. / वाहन संख्या	4P30 BZ-69 23.
3	Policy No. / पालिसी संख्या	252400/31/3025 / 50968.
4	Period of Insurance / बीमा अवधि	30/03/2025 to 29/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/01/2026 - Time-6:00 PM
6	Place of Accident / दुर्घटना का स्थान	पड़वा - के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Saurabh - 8595 30 2526 D.L.No - 4P30 2022 0022204
8	Estimated Loss / अनुमानित हानि	8970
9	Cause of Accident / दुर्घटना का कारण	मोप होस्टल भिगावगंज से जातेना जा रहा था कि अचानक रास्ते में पाववा से फटके अचानक एक गाय आ जाने के बाद जो ब्रेक बने पर गाड़ी ब्रिसेब्रेक हो कर गाड़ी बस पर चर (MTC) में गिर कर क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO -
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO -
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	पता - जी आर जे मोबाइल जो - बंधुपुट गंज - जिन्हा-बन्धीगपुर स्थिति

अहसान

Date / दिनांक : 02/02/2026

हस्ताक्षर

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 : Meerut Certificate/Policy No. 252400/31/2025/98988
 Tel. No. : Period of Insurance 30/03/2025 to 29/03/2026
 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 : Ahsan
 Name :
 Address for correspondence : vivek - Jarayna Dist - Meerut
 Telephone :

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>HA11E7SHA19998</u> Chassis No. <u>MBLCHA225SHA41</u> <u>409.</u>	Registration No. <u>4830BZ</u> <u>6923.</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? NO
 (d) If a Motor Cycle/scooter/NO
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

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 _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Saurabh
 (b) Age: 25
 (c) Address: Vive - Sarana, Dahi-Hardoi
 (d) Is the Driver
 1. Owner NO
 2. paid driver? NO
 3. Owner's relative or friend? Relative. friend.
 (e) If paid driver, how long has he been in your employment NO

(f) Was he under the influence of intoxication Liquor or drugs? NO

(g) Driving Licence Number: 4P3020220022204
 (h) Issuing Authority: 16/11/2022
 (i) Date of Expiry: 31/12/2040
 (j) Was the licence temporary/permanent? Permanent.
 (k) Details of endorsement/suspension, if any: NO
 (l) Has he been involved in any accident before?: NO
 (m) Has he been charged by the policy? If so, Why?: AD

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 26/01/2026 Time - 6:00pm
 (b) Place: गोरखपुर, रावत चौक
 (c) Speed of vehicle at the time of accident: गोरखपुर से गोरखपुर आ रहा था
 (d) Give a short description of the accident: दो गाड़ियाँ एक-दूसरे को टक्कर मारी
 (e) If any third party was responsible for this accident give the name and address: दोनों गाड़ियों के ड्राइवरों को दोष देना पड़ा
 6. DAMAGE TO INSURED VEHICLE: As per estimate.
 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: रावत जी डीडी मोटरपैज

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name: NO
 (b) Address: NO
 (c) Full Details of personal injury sustained: NO
 (d) Name and address of any person/hospital giving medical attention to injured person: NO
 (e) Full details of property damaged: NO
 (f) Has notice of any claim been given to you? NO



8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? no
(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? no
(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? no
(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 02/02/2020

[Signature]
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 _____ 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/-

[Handwritten Signature]

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank