

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.	दीक्षा चौरसिया, 924638901
2	Vehicle No. / वाहन संख्या	0164BB6553
3	Policy No. / पालिसी संख्या	252400/312226/6863
4	Period of Insurance / बीमा अवधि	25/04/25 - 24/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29.04.26. 4.00 PM
6	Place of Accident / दुर्घटना का स्थान	रोड बेज बस स्टैंड के पास लखनऊ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आपुष चौरसिया, 924638901 016920910013943
8	Estimated Loss / अनुमानित हानि	1800=00 R.S
09.	Cause of Accident / दुर्घटना का कारण:	स्कार्फाई हमारे गाड़ी ले कर गये थे रोड बेज बस स्टैंड के पास गाड़ी खड़ी कर दिये और वह बस लेक करते समय हमारे गाड़ी से बस टकरा गई और हमारे गाड़ी कायम लागू गिर कर गाड़ी क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	110
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	विद्युत कारो लेक 8299824165, 8858195410

दीक्षा चौरसिया

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 Rooh

Certificate/Policy No. 25240/31/2020/6863

Tel. No.

Period of Insurance 25.04.25-24.04.26
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 Diksha Chauhan
(a) Name : _____
(b) Address for correspondence : _____
(c) Telephone : 9814638901

2. THE INSURED VEHICLE

Make & Year <u>Meru</u> <u>2025</u>	Engine No. <u>FA07ADRC1223870</u> Chassis No. <u>MBLJA0020RC1K24609</u>	Registration No. <u>UP64DB</u> <u>8553</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 NA
2. Was a pillion rider carried? NA NA

ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

Following questions need be answered in commercial vehicles only:

Registered laden weight : _____
Unladen Weight : _____
Weight of goods carried/Load Challan No. : _____
Nature of permit : _____
Nature of goods carried : _____
Was the vehicle plying for hire : _____
If Lorry/Jeep/Tractor, was trailer attached? : _____
Number of passengers carried : _____
Number of Passenger permitted : _____

दीक्षा चौरजिया

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Anush Chavhan १९९९
(b) Age : २३ years
(c) Address : Narayan Bazar Changan
(d) Is the Driver
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 Licence Number : 016320210013943
(h) Issuing Authority : Mirzapur
(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 : १९.०१.२६ - ५.०० PM
(b) Place : रीसकम बल स्टोस के पास
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : रनोरोमा डी मे कस वाका बिक कर ते सामु एकर मारो दे मी
(e) If any third party was responsible for this accident give the name and address : मोरवाकी बाधे एस मारक मारो कति करत एरुका

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front side
(b) Estimated cost of repairs : R.S. 1800=00
(c) When and where can the damaged vehicle be inspected : Vindhya Auto Sales

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 : N/A / N/A
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

दीक्ष चौरागिया

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? : _____
_____ NA / NA
- (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? : _____
_____ NA / NA
- (f) Has theft been reported to Police? : _____

- (g) When? : _____

- (h) Which Police 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 2006

Signature of the insured दीक्षा चौरविया

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 दीक्ष चौरमिया
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank