

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

Sir / महोदय, Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	6391635128 Samyak Jain
2	Vehicle No. / वाहन संख्या	UP76AD 1678
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/453975
4	Period of Insurance / बीमा अवधि	07/07/25 To 06/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/09/26 8:45 PM
6	Place of Accident / दुर्घटना का स्थान	अज्ञात ग्रेड पथ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP762015000 5984 Samyak Jain 6391635128
8	Estimated Loss / अनुमानित हानि	नकार
09.	Cause of Accident / दुर्घटना का कारण :	दवा गिरने से कुशलता जा रही थी आप ग्राहक के लिए नुकसान का रिपोर्ट करें।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	BLE Pass Road Karim Nagar i. Agarwal Agency 8005442896

Date / दिनांक : 02/09/26  
हस्ताक्षर

सममोहक  
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 Muzit Certificate/Policy No. MS/005/100101/46575/453975  
 Tel. No. \_\_\_\_\_ Period of Insurance 07/07/25 To 06/07/26  
 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 : Samsyak Jain  
 (b) Address for correspondence : Bajuliya Padha Tezibha Kaimfort F.P.D  
 (c) Telephone : 6391635128

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2023</u>	Engine No. <u>JA67AMPGF10451</u>	Registration No. <u>UP76</u> <u>ATC 1678</u>
	Chassis No. <u>MBLJAU404P9F8751</u>	

(a) Was the vehicle in proper working condition? NA  
 (b) For what purpose was the vehicle being used at the time of accident? AS Per Estimate  
 (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 NA
- (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: Somyak Jain  
 (b) Age: 25  
 (c) Address: Bogota Padma Krishna Kumbhar (F.P.D)  
 (d) Is the Driver  
 1. Owner 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? NA  
 (g) Driving Licence Number CP76D019 0005984  
 (h) Issuing Authority Pratishtha  
 (i) Date of Expiry 05/06/2023  
 (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 police? 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 08/09/26 8:45 PM  
 (b) Place गुवागरी  
 (c) Speed of vehicle at the time of accident 45 km/h  
 (d) Give a short description of the accident घर के बगिचे में खड़ा कार को टक्कर मारी  
 (e) If any third party was responsible for this accident give the name and address श्री गुरु अरुण का ठिकाना

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage Asley Estimate  
 (b) Estimated cost of repairs ₹1000  
 (c) When and where can the damaged vehicle be inspected Ashtwad Aetes

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name Somyak Jain  
 (b) Address Bogota Padma Krishna Kumbhar (F.P.D)  
 (c) Full Details of personal injury sustained giving medical attention to injured person NA  
 (d) Name and address of any person/hospital giving medical attention to injured person NA  
 (e) Full details of property damaged NA  
 (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? 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? NA  
(d) Estimated cost of replacement? \_\_\_\_\_  
(e) By whom discovered and reported? \_\_\_\_\_  
(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 02/02/2026

Signature of the insured SHAHU

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. \_\_\_\_\_ I/We give  
the said company and accident which occurred on or about \_\_\_\_\_ of  
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 .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....