

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.	9935321575 Pushpa Devi
2	Vehicle No. / वाहन संख्या	UP76 AU6662
3	Policy No. / पालिसी संख्या	252400/31/2025/88194
4	Period of Insurance / बीमा अवधि	21/02/25 To 20/02/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/02/25 8:30 AM
6	Place of Accident / दुर्घटना का स्थान	जयपुर मार्केट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP76 2018 6008274 Dhishambha Kumar 9935321575
8	Estimated Loss / अनुमानित हानि	6850
09.	Cause of Accident / दुर्घटना का कारण :	एम व्यक्तिक कृष्ण कामराज में जयपुर जा रहे थे तभी जयपुर पड़चका जयपुर मार्केट की सामान में पिकअप का गति और पिकअप वाइक में अड्डल में तभी और वाइक अड्डल का गिर गयी.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	BXe Pass Road Kaimfung Ajaywal Acids 8005442896

Date / दिनांक : 02/02/26
हस्ताक्षर

पुष्पा
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 MUMBAI Certificate/Policy No. 252400/312005/80194
 Tel. No. _____ Period of Insurance 21/02/25 To 20/02/26
 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 : Pushpa Devi
 Address for correspondence : Chilouli
 Telephone : Karimnagar (F.D.D)
9935201575

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMR 9L 19202</u>	Registration No. <u>UP76</u> <u>AU 6662</u>
	Chassis No. <u>MBLJAW400R9L11077</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 Chaffan 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 Dhivendran Kumar
 (b) Age 33
 (c) Address Chidambaram Keelampalayam (F.B.D)
 (d) Is the Driver

1. Owner
2. paid driver?
3. Owner's relative or friend?

Relative

(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 UP76201800089271

(h) Issuing Authority (F.B.D)

(i) Date of Expiry 10/10/2038

(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 01/09/26 8:30 AM

(b) Place Thiruvananthapuram

(c) Speed of vehicle at the time of accident 50 kmph

(d) Give a short description of the accident Car was moving in the lane of the road and hit the wall

(e) If any third party was responsible for this accident give the name and address Not applicable

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per Estimator

(b) Estimated cost of repairs 6850

(c) When and where can the damaged vehicle be inspected As per Estimator

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name Dhivendran Kumar

(b) Address Chidambaram Keelampalayam (F.B.D)

(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 NA

(f) Has notice of any claim been given to you? NA



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 *[Signature]*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

