

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.	JAY PRAKASH 9759575657
2	Vehicle No. / वाहन संख्या	UP85CX0885
3	Policy No. / पालिसी संख्या	252400/31/2026/22154
4	Period of Insurance / बीमा अवधि	12/06/2025 To 11/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-02-2026 - 10-00 AM
6	Place of Accident / दुर्घटना का स्थान	घामुडा कालौनी बृचावन
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JAY PRAKASH UP8520120016814
8	Estimated Loss / अनुमानित हानि	73175
09.	Cause of Accident / दुर्घटना का कारण :	वाहन चोरी हो गयी है। FIR COPY सजलन है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	UPADHYAY MOTORS OPP- CHC HOSPITAL VIRINDAVAN ROAD - MANT - 7310801674

Date / दिनांक : 22/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

जयप्रकाश





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 DO MEERUT

Certificate/Policy No. 252400/31/2024/22154

Tel. No.

Period of Insurance 12/06/2025 TO 11/06/2026
 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 : JAY PRAKASH
- (b) Address for correspondence : BHIDAWNI MATHURA
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HAIIE8S4C05589</u> Chassis No. <u>MBLHAW233 S4C04087</u>	Registration No. <u>UP85CX 0885</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? _____
- (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 : _____
- (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 : JAY PRAKASH
(b) Age : 01-04-1993
(c) Address : BHIDAVNI
(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? : NO
(g) Driving Licence Number : UP8520120016814
(h) Issuing Authority : MATHURA
(i) Date of Expiry : 20-8-2032
(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? : NIL

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 01-02-2026
(b) Place : VIRINDAVAN
(c) Speed of vehicle at the time of accident : 0
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected :

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

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. UP85CX 0285 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 गुणवर्धन शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank