

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.	उमेश कुमार, 9532366003
2	Vehicle No. / वाहन संख्या	UP16PB33544
3	Policy No. / पालिसी संख्या	95250031/2026/2923
4	Period of Insurance / बीमा अवधि	12.04.25 - 11.4.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17.02.26 - 12.00 P.M
6	Place of Accident / दुर्घटना का स्थान	बेकरपुरी मौड़
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	राजेश सिंह, 9532366003 UP16P20110001615
8	Estimated Loss / अनुमानित हानि	11000=00 RS
09.	Cause of Accident / दुर्घटना का कारण :	एक रात हमारी गाड़ी बेकर का रहे थी आधी गोड़ते समय आधा बाले फोई ले आते हुई गोद लाइकि ने हमारी गाड़ी के, दाहिने लाइड के गार्ड में टकरा करते हुये निकल गया कील हमारी गाड़ी दाहिने लाइड डिवाइडर के, काए गिरकर गाड़ी क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नो
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	विद्युत कारो होटल 829982465, 8888175410

Date / दिनांक : 23.02.26
हस्ताक्षर

- उमेश कुमार
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 Meth

Certificate/Policy No. 252400/31/2026/2923

Tel. No.

Period of Insurance 19.04.25 - 11.4.26
 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
 (a) Name : Omesh Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 953236603

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11E75HC55951</u> Chassis No. <u>MBLHAW222SHCC4491</u>	Registration No. <u>UP64BB</u> <u>3544</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? NI
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NI
 2. Was a pillion rider carried NI

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 : _____

उमेश कुमार

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajesh Singh
- (b) Age : 39 years
- (c) Address : VPO Virdi Nand Khaz
- (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 : UP64 20110001615
- (h) Issuing Authority : S.H.B R.T.O
- (i) Date of Expiry : 22.02.2031
- (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 : 17.02.26 - 12:00 PM
- (b) Place : बनसारी गाँव
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : गाँव के समीप बाइपास वाले नए एग्रीकल्चरल के समीप
- (e) If any third party was responsible for this accident give the name and address : वे एग्रीकल्चरल के गाँव के समीप बाइपास वाले समीप

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Road side
- (b) Estimated cost of repairs : 11000 = 00
- (c) When and where can the damaged vehicle be inspected : Vinay Achal Suresh

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? : _____

उभेरी एग्रीकल्चरल

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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

On Demand
Payable to
Order of
Payee's Account

Witness
Name _____
Signature _____
Address _____

Signature _____
Occupation _____
Address _____
Bank Account Number _____
Name of the Bank _____