

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	राकेश कुमार शर्मा 9936152976
2	Vehicle No. / वाहन संख्या	UP64BD 6063
3	Policy No. / पालिसी संख्या	232400/31/2026/58635
4	Period of Insurance / बीमा अवधि	13.11.25. / 12.11.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12.02.2026 - 9:30 P.M
6	Place of Accident / दुर्घटना का स्थान	ब्राह्मगंज रोड राबिलिंग
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	कृष्णा 9936152976 UP6420250009038
8	Estimated Loss / अनुमानित हानि	17000.00 RS
09.	Cause of Accident / दुर्घटना का कारण:	ब्राह्मगंज रोड पर आयातक से ब्रेक लगाने पर एमपी गाड़ी ब्रेक पर डकते हुये गाड़ी दाईं बाईं गिर गई कॉल गाड़ी क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	विद्युत आते लैब 829982465, 8858175410

Date / दिनांक : 24.02.2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
- राकेश शर्मा



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 Delhi

Certificate/Policy No. 252400/31/2026/58635

Tel. No.

Period of Insurance 13.11.25.12.11.26
 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 Rakesh N. Soni
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : 9936152976

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>VA07A05G10292</u> Chassis No. <u>MB1JAW55354J05196</u>	Registration No. <u>UP164BD 6063</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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? N/A
 2. Was a pillion rider carried? N/A

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? N/A
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

Rakesh N. Soni

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name Kmishng
 (b) Age 25 years
 (c) Address Rohatganj Sahibabad
 (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 UP6480250009038
 (h) Issuing Authority S.M.R.P.O
 (i) Date of Expiry 31.12.2015
 (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 12.02.2016 9:30 PM
 (b) Place SAHIBABAD SAHIBABAD
 (c) Speed of vehicle at the time of accident
 (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 Front & Rear side
 (b) Estimated cost of repairs 17000 = P.S
 (c) When and where can the damaged vehicle be inspected Vinaya 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
 (e) Full details of property damaged
 (f) Has notice of any claim been given to you?

- वाकेवा कंपनी

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ N/A
(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? : _____ N/A
(c) Was accident reported to Police? If not, Why? : _____ N/A
(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? : _____ N/A
(f) Has theft been reported to Police? : _____ N/A
(g) When? : _____
(h) Which Policy 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 24.02 2016

Signature of the insured

शिवेश्वर सोनी

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 *सर्वश्री सेवा*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank