

/ 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.	सुविंद्र, 9695195376
2	Vehicle No. / वाहन संख्या	UP6YBR 4067
3	Policy No. / पालिसी संख्या	252400/31/2026/4834
4	Period of Insurance / बीमा अवधि	18.04.25 - 18.04.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18.02.2026 - नं. 30 P.M.
6	Place of Accident / दुर्घटना का स्थान	खरौड़ा खरौड़ा वल्लभ के आगे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुविंद्र, 9695195376 UP6Y20120002655
8	Estimated Loss / अनुमानित हानि	R.S 190000=00
09.	Cause of Accident / दुर्घटना का कारण: हॉरापक से आते समय अचानक से बाईले का आकार आपकी गाड़ी मोड़ते समय हमारी गाड़ी के पीछे लाइड के रियर में टक्कर मारते हुये निकल गया और हमारी गाड़ी रोड के किनारे डाइट में जाये लाइड गाड़ी गिरकर गाड़ी क्षतिग्रस्त हो गई	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/O
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	विश्व आरोग्य 0299824165, 8858175410

Date / दिनांक : 24.02.26
हस्ताक्षर

— सुविंद्र
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 Menth

Certificate/Policy No. 252400/31/2026/4834

Tel. No.

Period of Insurance 18.04.25 - 17.04.26
 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 : Subinder
 (b) Address for correspondence : _____
 (c) Telephone : 9695195776

2. THE INSURED VEHICLE

Make & Year <u>Maral</u> <u>2025</u>	Engine No. <u>H111E2RHR94717</u> Chassis No. <u>MBL4H0W1U4RHK90101</u>	Registration No. <u>UP64BB</u> <u>4061</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? Paragon Line
 (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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

Subinder

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sobindra
 (b) Age : 39 years
 (c) Address : Mar Khoria
 (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 : UP64-20120003655
 (h) Issuing Authority : S.H.B. P.O
 (i) Date of Expiry : 15.04.22
 (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 : 18.02.2026 - 7:30 PM
 (b) Place : बनारस एक्सप्रेस रोड के पास
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : बोल्डरो मोड़ते समय हावरा गाड़ी के टैरिफ के पास
 (e) If any third party was responsible for this accident give the name and address : एक ठाकुर नामवाली को कारो रोड के सिगरेट में गाड़ी
बाया सिगरेट

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front - Rear Stole
 (b) Estimated cost of repairs : 19000.00
 (c) When and where can the damaged vehicle be inspected : Vinulga 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 : N/A / N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

— सुविद्ध

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 24.02.2006

Signature of the insured सुविद्य

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 सुबिष्ट
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank