

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.	रमेश कुमार मिश्रा
2	Vehicle No. / वाहन संख्या	UPS30BV- 2855
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/459251
4	Period of Insurance / बीमा अवधि	02-08-2025 TO 01-08-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-12-2025 11:30 P.M.
6	Place of Accident / दुर्घटना का स्थान	02- मोहल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	6388 2184 87 - दीपक, पु. मिश्रा. UPS3202300 30 341.
8	Estimated Loss / अनुमानित हानि	17192 रु के करीब लगाने के लिए 2 गाड़ी
09.	Cause of Accident / दुर्घटना का कारण : सड़क के किनारे से मोटर गाड़ी की टक्कर से सड़क किनारे से मोटर गाड़ी की टक्कर से हानि हुई है, जिसके कारण 2 गाड़ी और मोटर गाड़ी में हानि हुआ है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	0722 .
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	नया फ़ैक्ट्री रोड 206 नं. 638652 1346

Date / दिनांक : 27/02/2026
हस्ताक्षर

रमेश कुमार मिश्रा

रमेश कुमार मिश्रा
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 GORAKHPUR Certificate/Policy No. MS/2025/7001/0/4525/45925
 Tel. No. 6388218487 Period of Insurance 01-08-2025 TO 01-08-2026
 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 : Dhanendra K. Mishra
 (b) Address for correspondence : Mahewa, Palmandi Shivpur new colony, GORAKHPUR
 (c) Telephone : 6388218487

2. THE INSURED VEHICLE

Make & Year <u>26 June 2015</u>	Engine No. <u>HA11EK F9F04362</u>	Registration No. <u>UP5313V</u>
	Chassis No. <u>MBLHA11A2F9F04191</u>	<u>09855</u>

- (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? 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 to 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

NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

To driver injured to mouth, Jadda throat
And: Jadda of the stomach to hand.

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any

Dilesh K. Mishra

- (b) Did a Police Constable take particulars of The accident?

Ashwani K. Pandey

- (c) Was accident reported to Police? If not, Why?

- (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?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Police Station?
- (i) C.R. diary Number

20.12.25 - 11:30 PM
Gandhinagar, J.T.M. Nagar

Sahjani Police Station

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 27/02/2026 200

Signature of the insured

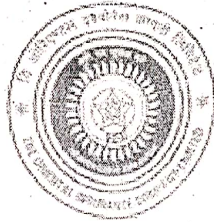
[Handwritten Signature]

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 *[Handwritten Signature]*

Occupation

Address

Bank Account Number

Name of the Bank

