

सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Manish Yadav / 6386911213
2	Vehicle No. / वाहन संख्या	UP53FL 2472
3	Policy No. / पालिसी संख्या	252400/31/2026/37030
4	Period of Insurance / बीमा अवधि	23/09/25 to 22/09/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/03/26 / 2:30 pm
6	Place of Accident / दुर्घटना का स्थान	Nanda Nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish / UP5320220009634 6386911213
8	Estimated Loss / अनुमानित हानि	15667
09.	Cause of Accident / दुर्घटना का कारण :	नन्दा नगर में कालाही जाते समय नन्दा नगर के पास मोड़ पर अचानक एक रजक लाईकिल लवार च्याक्रे आ गया जिससे मोरी गाड़ी शास्त्र से टकरा गई अनिश्चित होकर वाहिन लड़क गिर कर क्षतिग्रस्त हो गई उस समय गाड़ी प्रविष योदव यला रहे थे।
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.	DP MOTORS MAHAR ENGG College 9835410811

Date / दिनांक : 9/3/2026
हस्ताक्षर

Manish

Manish
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 _____

Tel. No. _____

Certificate/Policy No. 25240018/2026/37030

Period of Insurance 23/09/25 to 22/03/26
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

- (a) Name : I. INSURED
 (b) Address for correspondence : Manish Yadav
 (c) Telephone : Gayatri, Nagary Road, Shastri Tola, Gurgaon, Haryana
6386911213

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>24/sep/2025</u>	Engine No. <u>HA11F6SM6743413</u>	Registration No. <u>VP53FL</u> <u>2472</u>
	Chassis No. <u>MB2MAWT65M67486</u> <u>84</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
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

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 NA
 (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 : Manish Yadav
 (b) Age : 23
 (c) Address : Prayagraj Nagar Road, Jhanna
 (d) Is the Driver Owner
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
- (e) If paid driver, how long has he been in your employment : No
- (f) Was he under the influence of intoxication Liquor or drugs? : No
- (g) Driving Licence Number : UP53 2022 0009634
 (h) Issuing Authority : _____
 (i) Date of Expiry : _____
 (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 : 02/3/2026 2:30 PM
 (b) Place : Noida Nagar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : गैस प्ले अचानक से एक सड़किल सवारी बाधित हो गयी
 (e) If any third party was responsible for this accident give the name and address : विपरीत में कोई व्यक्ति नहीं था जिसने मुझे चार्ज किया है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 15667
 (c) When and where can the damaged vehicle be inspected : Def. Motor

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 : NA
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
 - (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? _____
 - (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 _____

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 9/3/2026 200

Signature of the insured *Manish*

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

From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____ Day of _____ 200 _____
(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 *M. Singh*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

