

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.	विजय शर्मा, 6386342058
2	Vehicle No. / वाहन संख्या	UP16P151610
3	Policy No. / पालिसी संख्या	252400/31/2025/96067
4	Period of Insurance / बीमा अवधि	20.3.25 - 19.3.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05.03.26 - 11.15 AM
6	Place of Accident / दुर्घटना का स्थान	परलोना
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रवीश कुमार 6386342058 UP16P20120003625
8	Estimated Loss / अनुमानित हानि	R.S. - 12000=00
9	Cause of Accident / दुर्घटना का कारण :	हमारी गाड़ी हमारे चाचा के लड़के सिकंदर गोप ल बसुकी तरफ जा रहे थे शस्त्र में परलोना गाँव के पास सामने से वाहन आ रही थी जोल मोड़ के पास वाहन का आकर हमारी गाड़ी के आगे बाईं साइड टर्न के पास टक्कर मार दिया जोल हमारी गाड़ी दाईं साइड गिरकर 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.	वि.ए. कावे लेवल 8299824155, 8858145410

Date / दिनांक : 10.03.2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

वि.ए. कावे



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. 252400/31/2025/96067

Tel. No.

Period of Insurance 20.3.25. 19.3.26
 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 vijendra sharma
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : 6386342058

2. THE INSURED VEHICLE

Make & Year <u>Menth 2025</u>	Engine No. <u>HAJIECS4C02844</u> Chassis No. <u>MBLHAW38354C02320</u>	Registration No. <u>UP4RB</u> <u>1610</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 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Chaitan Kumar
 (b) Age : 31 Years
 (c) Address : Ramgandhi
 (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 : UPA4201R0003625
 (h) Issuing Authority : S.H.B R.T.O
 (i) Date of Expiry : 15.04.32
 (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 : 05.03.2026 - 11:15 AM
 (b) Place : परमेश्वर
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : गोड पल्लवान गाडी आका हमारी गाडी के साथ
 (e) If any third party was responsible for this accident give the name and address : गोड एड्स डेवरी के पास कारमे गने देवा डी एड्स
सि एड्स डेवरी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Rear Side
 (b) Estimated cost of repairs : ₹ 1200000
 (c) When and where can the damaged vehicle be inspected : Wahga Mute Suleg

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? :

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank