

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  
वस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Chandra Prakash Rai 6394003706
2	Vehicle No. / वाहन संख्या	UP-53 FL 5472
3	Policy No. / पालिसी संख्या	252400/2026/35347-30-9-2025 से 29-09-2026
4	Period of Insurance / बीमा अवधि	30-09-2025 से 29-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08-03-2026 09:50 AM
6	Place of Accident / दुर्घटना का स्थान	वा. बागोडा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMES RAI - UP53 20180012193 7398711368
8	Estimated Loss / अनुमानित हानि	12975
9.	Cause of Accident / दुर्घटना का कारण : रेगुलरी से वा. बागोडा रमेश राय जा रहे थे रेगुलरी फीट साइड से पिकप वाला साधने से टक्कर मार के भाग गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	ICMA मोटर्स गोखले मो. नं. 273001 6386521346

Date / दिनांक 08-03-2026  
हस्ताक्षर

Chandra Prakash Rai

Chandra Prakash Rai  
Signature of Insured बीमाधारक के





3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAMESH RAI  
 (b) Age : \_\_\_\_\_  
 (c) Address : Pali Khas, BANSGAON, GONDKUPUR.  
 (d) Is the Driver:  
 1. Owner \_\_\_\_\_  
 2. paid driver? \_\_\_\_\_  
 3. Owner's relative or friend?  Relative - 215  
 (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 : UP.53 20180012193  
 (h) Issuing Authority : Gondkpur  
 (i) Date of Expiry : 07-01-2038  
 (j) Was the licence temporary/permanent : 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 : 08-03-2026 09:50 AM  
 (b) Place : 1912151  
 (c) Speed of vehicle at the time of accident : 0 - 20 KM.PH  
 (d) Give a short description of the accident : एकरी से वापस आते वरती गाली के बल से रोके थे पीछे से पीक 4 व 12  
 (e) If any third party was responsible for this accident give the name and address : दमक (मालिक 20) गंधी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE  
 (b) Estimated cost of repairs : 12975  
 (c) When and where can the damaged vehicle be inspected : MAXXA MOTOR BTOBAKHPUR

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 : \_\_\_\_\_

NO

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. : \_\_\_\_\_

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 : \_\_\_\_\_

NO

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the foregoing statement every respect and I/We have made or in any further declaration the Corporation may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or future concealment, the Policy shall be void and all rights to receive thereunder in respect of present or future accident shall be forfeited.

Date 11/03/2026 200

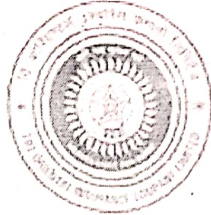
Signature of the insured Charitra Poolesh Rai

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Iss	3
Of	



The Oriental Insurance Company Limited  
 Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 00 \_\_\_\_\_  
 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 \_\_\_\_\_ We give  
 the discharge receipt to the Company in full and final settlement of all my or claims  
 present of future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

One R	np
Reven	at
When	5000/-
Excee	

Witness  
 Name .....  
 Signature .....  
 Address .....

Signature Charan Prakash R  
 Occupation .....  
 Address .....  
 .....  
 .....

Bank Account Number .. .....  
 Name of the Bank .....