

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

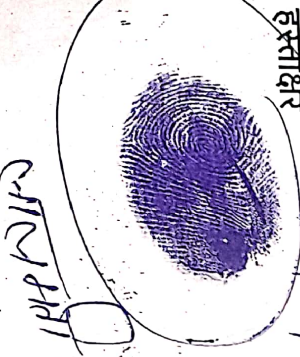
Sir / महोदय,

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.	मानवनी - 8299266113
2	Vehicle No. / वाहन संख्या	UP53FM1521
3	Policy No. / पालिसी संख्या	252400/31/2026/44498
4	Period of Insurance / बीमा अवधि	16/10/2025 TO 15-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-03-2026 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	गिदरा -
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	निवेश UP5320250020197 8321863925
8	Estimated Loss / अनुमानित हानि	1335/- विगत वर्ष के अंत में अपने विेष काम से जो
09.	Cause of Accident / दुर्घटना का कारण:	वहन था। अचानक आर हल जानना (गाय) से मेरी गाड़ी टकरा गयी। और गाड़ी बिगड़ने से अपने विेष काम से जो
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	1-सा से रिस्क ऑक्सीजन गिदरा से 273001
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	6386521246

Date / दिनांक : 17/03/2026
हस्ताक्षर



Signature of Insured / बीमाधारक





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: GURDIPKAPUR Certificate/Policy No. 252400/31/2020/44498
 Tel. No. _____ Period of Insurance 16-10-2025 TO 15-10-2026
 Claim No. _____

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

I. INSURED
 (a) Name LALMATI
 (b) Address for correspondence PICHHARA
 (c) Telephone 8799266113

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H11F6SHK451Z</u> Chassis No. <u>MBLHAWA73SHK55641</u>	Registration No. <u>UP53FM1321</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 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 _____
 (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 Driver
 (i) Number of Passenger permitted _____

8. INJURY TO DRIVER/OCCUPANT

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

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? : _____ **NA**
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

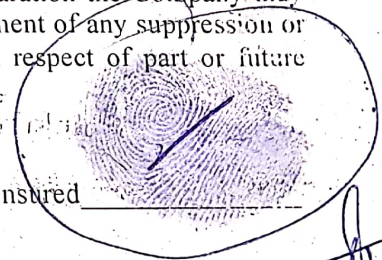
10. THEFT

- (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 17/03/2026 200

Signature of the insured



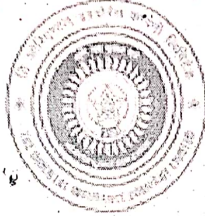
[Handwritten signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



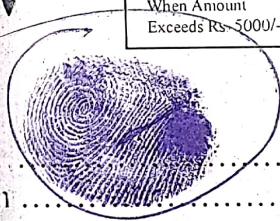
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



[Handwritten Signature]

Witness
Name
Signature

Signature
Occupation
Address

Address

Bank Account Number
Name of the Bank