

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.	श्रीमान श्रीमान 9555302932
2	Vehicle No. / वाहन संख्या	UP53FP1614
3	Policy No. / पालिसी संख्या	25240031202661039
4	Period of Insurance / बीमा अवधि	20-11-2025 - 19-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22-3-2026 शाम सात बजे
6	Place of Accident / दुर्घटना का स्थान	श्रीरखपुर
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	श्रीमान श्रीमान UP53 870757645520200028671
8	Estimated Loss / अनुमानित हानि	2378 रु
09.	Cause of Accident / दुर्घटना का कारण :-	श्रीरखपुर गाँव में काम पर ले जा रहे थे शकरी के लाइट नाम से से डिरवा नहीं झुलने मिली थी, बालूरी कचड़ी का गाड़ी जो गला रहे थे न कोड़ दिक्कत नहीं है।
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.	श्रीमान श्रीमान मोबाइल 9918168413

Date / दिनांक : 26/03/2026
हस्ताक्षर

श्रीमान

Signature of Insured / बीमाधारक के

श्रीमान





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 _____ Certificate/Policy No. 25240031202661039
 Tel. No. _____ Period of Insurance 20.11.2025 19-11-2026
 Claim No. _____

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

1. THE INSURED
 (a) Name : श्रीमती अश्विनी
 (b) Address for correspondence : एडन मीना गुरु मार जीरपुर 9555302932
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Huoo/2025</u>	Engine No. <u>H A I I F 7 5 6 H 0 1 2 5 0</u> Chassis No. <u>M B L H A W Y 8 X S G H 0 1 3 0 6</u>	Registration No. <u>U P 5 3 F P</u> <u>1 6 1 4</u>
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- (a) Was the vehicle in proper working condition? YAS
 (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 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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Chandrabhan
(b) Age : 38
(c) Address : ~~1/2, 1st Floor, 1st Cross, 1st Stage, 1st Block, 1st Phase, 1st Section, 1st City, 1st District, 1st State, 1st Country~~
(d) Is the Driver : YES
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? : NO
(g) Driving Licence Number : UP5320200028671
(h) Issuing Authority : (UP) K P
(i) Date of Expiry : 09/09/2037
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : N/A
(l) Has he been involved in any accident before? : N/A
(m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 22/03/2026 7:00 AM
(b) Place : 1st Cross
(c) Speed of vehicle at the time of accident : 100 km/h
(d) Give a short description of the accident : ~~1st Cross, 1st Stage, 1st Block, 1st Phase, 1st Section, 1st City, 1st District, 1st State, 1st Country~~
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS per Extantment
(b) Estimated cost of repairs : 23787/-
(c) When and where can the damaged vehicle be inspected : Atharv Auto mobiles, Sahyamwei.

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
(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 : NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : NA
(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 26/05/2026

Signature of the insured नीमालय

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