

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.	Mukesh Roy 8401864223
2	Vehicle No. / वाहन संख्या	Mukesh Roy UP57BX2790
3	Policy No. / पालिसी संख्या	252400/31/2026/2460
4	Period of Insurance / बीमा अवधि	10-04-2025 - 09-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/04/2026, 10.30 A.M.
6	Place of Accident / दुर्घटना का स्थान	Traikolapur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8511427552 Amanjeet Chauhan
8	Estimated Loss / अनुमानित हानि	19425/-
09.	Cause of Accident / दुर्घटना का कारण:	वाचा का लड़का अमरजीत चौहान किसी काम पड़ोना आ रहा था अचानक बस सामने रुका आ गया उसी को बचाते हुये मेरी बस फाये साईड गिरने से डमेज हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Gupta automobile Repair

Date / दिनांक : 08-04-2026
हस्ताक्षर

Mukesh Roy
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 _____

Certificate/Policy No. 252404/21/2026/2460

Tel. No. _____

Period of Insurance 10-09-2025-09-04-2026
 Claim No. _____

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

1. INSURED
 (a) Name : Mukesh Roy
 (b) Address for correspondence : _____
 (c) Telephone : 8401864223

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAI1F1SHB13211</u> Chassis No. <u>MBCHAW402SHB13405</u>	Registration No. <u>UP57BX2790</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? 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 : _____
 (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 : Amarjeet Chauhan
(b) Age : _____
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : relative
(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 : UP5720120013844
(h) Issuing Authority : _____
(i) Date of Expiry : 18-09-2032
(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 : 07/04/2026 10:30 A.M
(b) Place : गुरा/गुरा पर
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : अमरजीत किसी काम के पर्यटन आ रहा था तभी कारक के सामने अचानक कुत्ता आ गया उसी को बचाने के लिये कारक दायरे ब्रेक गिरने से
(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 : Left Side Panel, etc
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : C Gupta Automobile Padrauna

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

8. INJURY TO DRIVER/OCCUPANT

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

~~MIA~~

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. : _____

~~MIA~~

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 : _____

~~MIA~~

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 08-04-20026

Signature of the insured Mukesh Roy

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 *Mukesh Roy*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570 (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.) table with two main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals, deductibles, add-on coverages, and net own damage premium.

Payment and Financer Details table including Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, Financer Branch, POS Name, POS ID, POS PAN No/Aadhar No.

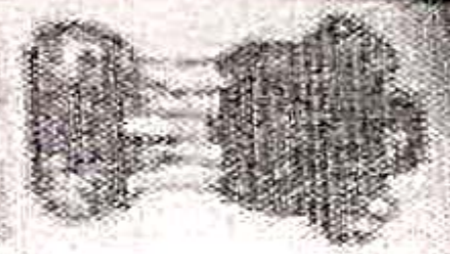
Important notices and disclaimers: In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs. 1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.



Approved By: UNIV@252400
Approved On: 10-APR-25
Place: MRT
Printed On: 10-APR-25

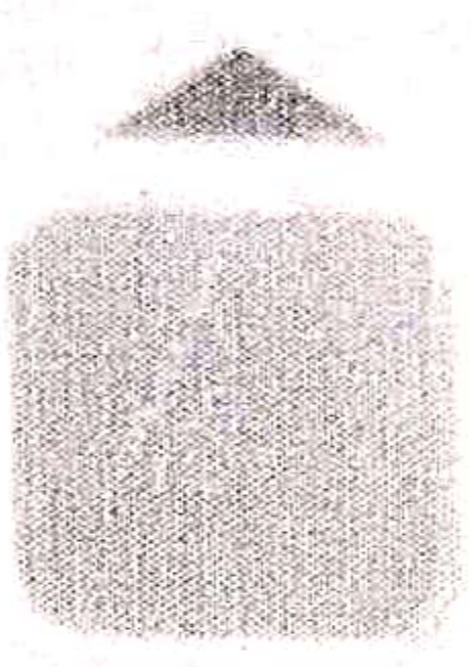
For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20120013844

Issue Date: 18-11-2024
Validity (NT): 18-08-2032
Validity (TV): 14-11-2026



Name: AMARJEET CHAUHAN

Date of Birth: 15-03-1999

Blood Group: M

Sex: Male

Address:

W/O- PABJEEBA KETIA MALAWIKA PABRAJINA
PABRAJINA KUNDA BHAGAR 274394

DL No: UP57 20120013844



Invalid Carriage (Regin Membership)

Hazardous Vehicle: Nil
Hill Vehicle: Nil

Class of Vehicle	Code	Issued By	Valid From	Valid To	Vehicle Category	Endorsement	Remarks
MCWG		UP57	18-08-2012	18-08-2012	MT		
MCWG		UP57	19-05-2013	19-05-2013	MT		
TRANS		UP57	10-10-2014	10-10-2014	TR		
MCWG							

Emergency Contact Number:

Licensing Authority
INDIA