

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
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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.	संजय Sonkar 6306775667
2	Vehicle No. / वाहन संख्या	UP5LCK0112
3	Policy No. / पालिसी संख्या	252400/31/2022/53966
4	Period of Insurance / बीमा अवधि	30/10/2021 to 29/10/2022
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-04-2022 04:30 PM
6	Place of Accident / दुर्घटना का स्थान	Dathaurli
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MAKURDHUN SONKAR UP5220090010676, 6306775667
8	Estimated Loss / अनुमानित हानि	32000
9.	Cause of Accident / दुर्घटना का कारण:	दादा से जाते समय रास्ते में अचानक पीड़ित से टक्कर मारने के कारण दादा की गाड़ी से टक्कर मारने से हानि हुई है।
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.	Shiv automobiles west By pass Road Rudrapur, Deoria 9260933814

Date / दिनांक : 10-04-2022
हस्ताक्षर

संजय सोनकर
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. 252400/31/2024/53966
 Tel. No. _____ Period of Insurance 30/10/2023 to 29/10/2024
 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 : Sanju Sonbar
 (b) Address for correspondence : Ranchar
 (c) Telephone : 6306775667

2. THE INSURED VEHICLE

Make & Year <u>Hero 2023</u>	Engine No. <u>NATIFGSHFS 8383</u> Chassis No. <u>MBLNA 47 SHFCB232</u>	Registration No. <u>UP52CK0112</u>
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- (a) Was the vehicle in proper working condition? No
 (b) For what purpose was the vehicle being used at the time of accident? 20
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : N/A
 (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 : Makreshun Sonkar
 (b) Age : 32
 (c) Address : Ramchale
 (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 : UP5220090010676
 (h) Issuing Authority : Deoria
 (i) Date of Expiry : 10-09-2023
 (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 : 05-04-2026, 04:30 PM
 (b) Place : Pakaruti
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : पंजाब से रफ्तार से चलते हुए टक्कर मार दिया
 (e) If any third party was responsible for this accident give the name and address : B

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : No
 (b) Estimated cost of repairs : 31000
 (c) When and where can the damaged vehicle be inspected :

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? :

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