1302 M.M.I
एसोसिएशन कार्यशाला

To / सेवा में
The Orient al Insurance Co Ltd /
दि ओरिएण्ट ल इंश्योरेंस 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 वि रण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :

1	Name o the Insured & Mobile No./ बीमाधा क का नाम & मोबाइल नं.	चंदनी-कानो (8239254.0194)
2	Vehicle No. / वाहन संख्या	UP 34 AD 1367
3	Policy o. / पालिसी संख्या	2524001-31-2026-551374
4	Period f Insurance / बीमा अवधि	2-11-2025 से 1-11-2026
5	Date of oss & Time /दुर्घटना का दिनांक & समय	18-4-2026 रात्रि 1:00
6	Place o Accident / दुर्घटना का स्थान	तहसील के पास हुआ
7	Name o the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	Mohd. Ashhad UP34 20170001335 7481
8	Estima d Loss / अनुमानित हानि	

09. Cause f Accident / दुर्घटना का कारण :
तहसील के पास ट्रक्टर की लपेट में अचानक कुत्ता गिरकर पड़ा उसको बचाने के चक्कर में मेरी गाड़ी DIS-Balance होकर पेड़ से टकरा गयी जिस समय मेरी गाड़ी मोहम्मद अशहद चला रहे थे.

10	Spot Su vey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	NA तिवारी मोड सी पिन (8707693225)
12	Name o the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	

चांदनी-कानो

Date / दिनांक : 18-4-2026

Signature of Insured / बीमाधारक के हस्ताक्षर

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. B: Office Address मेरठ

Tel. No

Certificate/Policy No. 252400-31-2026-55171

Period of Insurance 2-11-2025 से 1-11-2026

Claim No.

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

I. INSURED

(a) Name :
(b) Address for correspondence : आंटी जी - पति अशोकपुर कलानगर दिल्ली
(c) Telephone : 6392540194

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO - 2025	Engine No. = HAIIF 7SJROS892 Chassis No. = MBLHA1848SS9KSS891	UP 74 AC 1967

(a) Was the vehicle in proper working condition? – NA
(b) For what purpose was the vehicle being used at the time of accident? = PERMO
(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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA

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MOTOR CLAIM FORM

Div. B Office Address मेरठ

Tel. No

Certificate/Policy No. 252400-31-2026-55171

Period of Insurance 2-11-2025 से 1-11-2026

Claim No.

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

I. INSURED

(a) Name :
(b) Address for correspondence : अंकित कुमार गांव कोलगवां दिल्ली
(c) Telephone : 6392540194

2. THE INSURED VEHICLE

Make & Year	Engine No. = HA11F 7S9K05B92 Chassis No. = MBLHA1848SS9K5S891	Registration No.
HERO-2025		UP74 AQ 1967

(a) Was the vehicle in proper working condition? – NA
(b) For what purpose was the vehicle being used at the time of accident? = Permit
(c) Was trailer attached? – NA
(d) If Motor Cycle/scooter
1. Was a side-car attached NA
2. Was a pillion rider carried – NA

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(d) Nature of permit :
(e) Nature of goods carried :
(f) Was the vehicle plying for hire :
(g) If Lorry/Jeep/Tractor, was trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA

3. DIRVER AT THE TIME OF ACCIDENT

(a)	Name	mohD - ARSHAD
(b)	Age	15-7-1995
(c)	Address	शास्त्री नगर, मिर्जापुर
(d)	Is the Driver	
	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?	NA
(g)	Driving Licence Number	UP74 20170001335
(h)	Issuing Authority	10-2-2017
(i)	Date of Expiry	9-02-2037
(j)	Was the licence temporary/permanent	Parmant
(k)	Details of endorsement/suspension, if any	NA
(l)	Has he been involved in any accident before?	NA
(m)	Has he been charged by the policy? If so, Why?	NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a)	Date and Time	13-4-2026 समय 7:00
(b)	Place	dalagram के पास
(c)	Speed of vehicle at the time of accident	30 K.M
(d)	Give a short description of the accident	dalagram के पास अचानक से एक कुत्ता निकल गया.
(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	RS- For Estimat
(b)	Estimated cost of repairs	7481
(c)	When and where can the damaged vehicle be inspected	Dilli - Mirzali Dilli

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a)	Name	NA
(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?	

8. INJURY TO DRIVER OR OCCUPANT

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

N/A

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.

N/A

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 Policy Station?
(i) C.R. diary Number

N/A

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in 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 past or future accident shall be forfeited.

Date 15-1-026

Signature of the insured चांदनी बानो

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/-

Signature .....चांदनी - पानी.....
Occupation .....अशोकपुर.....अलवर
Address दिवली.....
.....
.....

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

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

Address .....