

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : MOKESH KOMAR

(b) Age : 30 YEAR,

(c) Address : BAMHAKKI, KALA, KARMEY ORAI

(d) Is the Driver

1. Owner : NO

2. paid driver? : NO

3. Owner's relative or friend? : YES

(e) If paid driver, how long has he been in your employment : NO

(f) Was he under the influence of intoxication Liquor or drugs? : NO

(g) Driving Licence Number : UP42A16 060 2284

(h) Issuing Authority : JALOUN.

(i) Date of Expiry : 14/03/2026

(j) Was the licence temporary/permanent : PERMANENT.

(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 : NA.

5. DETAILS OF ACCIDENT

(a) Date and Time : 19/04/2021 10:15 PM.

(b) Place : NAVDSAROBAR, HOTEL KE PAS.

(c) Speed of vehicle at the time of accident : 30 KM/H

(d) Give a short description of the accident : जिसका जालीय रफ्तार था उसे एट 5-10 मीटर की दूरी पर सेटिंग करके टक्कर मारी गई

(e) If any third party was responsible for this accident give the name and address : एट 5-10 मीटर की दूरी पर सेटिंग करके टक्कर मारी गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : ASER Estimated.

(b) Estimated cost of repairs : 5000/-

(c) When and where can the damaged vehicle be inspected : SURYANSHU AUTO MOBILE ORAI.

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? : NA

Accessories Check:
Helmet, Seat Cover, Grip Cover,
Protector Grill, Floor Mat, Tire Pressure Valve (TPMS)

Scheduled Maintenance KIT-100CC, HB
Maintenance Schedule**

ESTIMATE

AUTHORISED DEALER

..... AUTOMOBILES

No. 1000

8. INJURY TO DRIVER/OCCUPANT

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

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. _____

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 24/04/2021

Signature of the insured श्रीमायरीदार

ESTIMATE

AUTHORISED DEALER

AUTOMOBILES

Scheduled Maintenance KIT 10550, HR
Maintenance Schedule

Job Report

No.

1000

श्रीवा में,

Oriental Insurance Co Ltd /
ऑरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

सा 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.	SHREYA PARIHAR, 8299260546
2	Vehicle No. / वाहन संख्या	U192-AU2023.
3	Policy No. / पालिसी संख्या	252400/31/2026/62501
4	Period of Insurance / बीमा अवधि	24/11/2025 TO 23/11/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/04/2026, 10:15 PM.
6	Place of Accident / दुर्घटना का स्थान	नवोदय गैरजल उर्फ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MOORE-JH KUMAR, UP97-20160002284 8199260546
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण : मेडिकल क्लोजे उर्फ से अपने घर फर्कना एक समय नवोदय गैरजल रोड पर एक स्पोर्ट्स कार ने सामने से चमक माल के निचले में गड़ी हादसा 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.	SORANJITO AUTO MOBILE JORAJ, 11, GANOHJI, RATH ROAD ORAZI, JALAN. 9935005353

Date / दिनांक : 24/04/2026
हस्ताक्षर श्रीवापरिहारश्रीवापरिहार
Signature of Insured / बीमाधारक के

No. 1229
ESTIMATE
SUDHAKAR

INITIALS OF CLAIMANT
INITIALS OF WITNESS
INITIALS OF DRIVER
INITIALS OF POLICE OFFICER

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, 1-2/10, Park Lane Road, New Delhi-110 002

Received _____ Day of _____ 2010
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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

One Stamp
Director/Secretary
When Issued!
Stamp No. 150001

Witness
Name
Signature
Address

Signature श्रीरामप्रसाद
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank