

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.	सागर कुमार 7380756431
2	Vehicle No. / वाहन संख्या	UP53FL5116
3	Policy No. / पालिसी संख्या	252400/31/2026/38771
4	Period of Insurance / बीमा अवधि	29/9/2025 - 28/9/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/4/2026 . 11:45 AM
6	Place of Accident / दुर्घटना का स्थान	नौरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सागर कुमार 7380756431 UP532026000 9138
8	Estimated Loss / अनुमानित हानि	7633
09.	Cause of Accident / दुर्घटना का कारण:	नौरा पर जांभ और धूल के कारण हेल्मेट में धूल आ जाने से गाड़ी गाड़ी वाले तरफ किसल कर गिर गई और क्षतिग्रस्त हो गई, उस समय गाड़ी सागर कुमार चला रहे थे.
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.	D.P. MOTORS MAMUN Engg College 9835410811

Date / दिनांक : 2/5/2026  
हस्ताक्षर

Sagar

Signature of Insured / बीमाधारक के

Sagar





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. 252400/31/2026/3877/

Tel. No. \_\_\_\_\_

Period of Insurance 29/9/2025 - 28/9/2026  
 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 : श्री श्री 3211  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>30/sep/2025</u>	Engine No. <u>20881</u> Chassis No. <u>B0303</u>	Registration No. <u>UP53FL</u> <u>5116</u>
--	---	--

(a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? Personal  
 (c) Was trailer attached? \_\_\_\_\_  
 (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 : \_\_\_\_\_



Vehicle Category	0000-00-00
Vehicle No.	0000-00-00
Registration No.	0000-00-00
Insured Person's Name	
Insured Person's Address	
Insured Person's Occupation	
Insured Person's Age	
Insured Person's Sex	
Insured Person's Marital Status	
Insured Person's Education	
Insured Person's Nationality	
Insured Person's Religion	
Insured Person's Blood Group	
Insured Person's Height	
Insured Person's Weight	
Insured Person's Eye Color	
Insured Person's Hair Color	
Insured Person's Complexion	
Insured Person's Disabilities	
Insured Person's Other Particulars	

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : रामेश कुमार  
 (b) Age : 28  
 (c) Address : बंगला 28, गुरुदास नगर, दिल्ली  
 (d) Is the Driver  
 1. Owner : Owner  
 2. paid driver? :  
 3. Owner's relative or friend? :  
 (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 : UP53-2026009138  
 (h) Issuing Authority : GORAKHPUR  
 (i) Date of Expiry : 09-06-2039  
 (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 : 24/4/26 11:45 AM  
 (b) Place : जयपुर पटवारा मोड़ घुब के पास देहली के घाट आ जाने से  
 (c) Speed of vehicle at the time of accident : 40 km/h गाड़ी फिसल गई,  
 (d) Give a short description of the accident : एक बंदर से टकरा कर कार का  
 (e) If any third party was responsible for this accident give the name and address : मिशन ऑफ सॉल्यूशंस एंड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As Per Estimate  
 (b) Estimated cost of repairs : 7633  
 (c) When and where can the damaged vehicle be inspected : D.P. MOTORS

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



30-Sep-2025  
NEW  
GORAKHPUR  
RAMESH PRASAD  
UTTAR PRADESH  
AR. PRADESH

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 ..... *Sagee*  
Occupation .....  
Address .....  
.....  
.....

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