

पत्राचार  
केंद्र

To / सेवा में,  
The Oriental Insurance Co Ltd /  
द्वि 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.	7860934975 Ameesh
2	Vehicle No. / वाहन संख्या	UP76AV8860
3	Policy No. / पालिसी संख्या	252400/31/2026/31696
4	Period of Insurance / बीमा अवधि	07/08/25 To 06/08/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/04/26 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	कस्बिल अक्स पैलेस के बाहर
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP76 2012 0000 375 Rajesh Srivastava 7860934975
8	Estimated Loss / अनुमानित हानि	8430
9	Cause of Accident / दुर्घटना का कारण :	मोटर गाड़ी 21जेश श्रीवास्तव मोरी वाइक लकड़ कस्बिल अक्स पैलेस थापत 2वात सुप डूर से रभी अस्त 21जेश श्रीवास्तव अक्स पैलेस के बाहर वाइक लकड़ 2वा डूर से लगी दुर्घातक आमत अ डभी वाइक वाले के ड्राइवर वक्का शालपी.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	B40 Piss Fau Kaim/ant Ajaywal Autos 8005442896

Date / दिनांक : 04/05/26  
हस्ताक्षर

अवनेश  
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 Muzit  
 Tel. No. \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/31696  
 Period of Insurance 07/08/25 To 06/08/26  
 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 Amlesh  
 (b) Address for correspondence MO Kavitada Kampli (F.B.D) 7866934975  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. Chassis No.	Registration No.
	<u>JA07AZS9E10278</u> <u>MBLJAW512S9E02612</u>	<u>CP76AV</u> <u>8860</u>

- (a) Was the vehicle in proper working condition? NA  
 (b) For what purpose was the vehicle being used at the time of accident? Asker Esjima  
 (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 trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rakesh Srivastava  
 (b) Age : 36  
 (c) Address : Kajitola Kamble (F.R.D.)  
 (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? : NA  
 (g) Driving Licence Number : UP7620120800375  
 (h) Issuing Authority : Farrukhabad  
 (i) Date of Expiry : 09/01/2032  
 (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 30/04/26 7:00 PM  
 (b) Place : At the junction of road near...  
 (c) Speed of vehicle at the time of accident : Approx 40 kmph  
 (d) Give a short description of the accident : While driving, the vehicle was struck from the rear by a truck.  
 (e) If any third party was responsible for this accident give the name and address : Shri. Ramesh Chandra Sharma, 123 Main Road, Lucknow.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate  
 (b) Estimated cost of repairs : 8436  
 (c) When and where can the damaged vehicle be inspected : At the workshop at Aizol's

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : Rakesh Srivastava  
 (b) Address : Kajitola Kamble (F.R.D.)  
 (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 : NA  
 (f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(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 Policy 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 04/05/2006

Signature of the insured [Signature]

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 .....