

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल 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 विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	BABULAL KUSHAWAHA 7880567706
2	Vehicle No. / वाहन संख्या	UPS7B26439
3	Policy No. / पालिसी संख्या	252400131/202639495
4	Period of Insurance / बीमा अवधि	30-09-2025 TO 29-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2-05-2026 T: 10:00AM
6	Place of Accident / दुर्घटना का स्थान	मल्गाहा गांव
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANJESH KUSHAWAHA 8957397416
8	Estimated Loss / अनुमानित हानि	12306
09.	Cause of Accident / दुर्घटना का कारण :	बाइकरी बाइक से मल्गाहा जति समुद्र उरती गाव के वीम पास मोड आने पर अनियमित गायत्री आने के कारण बाइक लेकर फिर गये और राइड समुद्र गिरे -
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.	SHREYANTH PAATSHANV 9811439797

Date / दिनांक : 01-05-2026  
हस्ताक्षर

बाबूलाल कुशावाहा

Signature of Insured / बीमाधारक के

बाबूलाल कुशावाहा



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. 252400/31/202639995

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

Period of Insurance 30-09-2025 to 29-09-2025  
 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 : BABULAL KUSHAWHA  
 (b) Address for correspondence : PAKDIYAR KUSHIAGAR  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAI1 F6SHJ59301</u>	Registration No. <u>UP57-1326939</u>
	Chassis No. <u>MBLHAW466SHJ50863</u>	

- (a) Was the vehicle in proper working condition? YES  
 (b) For what purpose was the vehicle being used at the time of accident? YES  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter YES  
 1. Was a side-car attached NO  
 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 : \_\_\_\_\_  
 (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 : \_\_\_\_\_

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3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ANGESH KUSHWAHA  
 (b) Age : 28  
 (c) Address : BADAHARA BARU  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : Parent  
 (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 : UP57 2025 0009971  
 (h) Issuing Authority : KUSHINAGAR  
 (i) Date of Expiry : 11-07-2038  
 (j) Was the licence temporary/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 : 2-05-2026 T: 10:00 AM  
 (b) Place : मलगादा गाँव  
 (c) Speed of vehicle at the time of accident : लाइवली वाहू से मलगादा धानि रफे  
 (d) Give a short description of the accident : उसी गाव के बाय में पाट बाड पर  
 (e) If any third party was responsible for this accident give the name and address : अपनी गावनी समेत आते  
को वाहू दूध बाडक लोकर  
मम और लोकर सा ड गिरा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS / PGR (STM)  
 (b) Estimated cost of repairs : 12396  
 (c) When and where can the damaged vehicle be inspected : HI

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

8. INJURY TO DRIVER/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? : \_\_\_\_\_ N/A  
(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 : \_\_\_\_\_ 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 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.

Signature of the insured \_\_\_\_\_

वाशुनाथ सुरतोयडा

Date 7-05/2020

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\_\_\_\_  
(In words Rupees \_\_\_\_\_ the sum of Rs. \_\_\_\_\_)  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_ )  
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 .....  
Occupation .....  
Address .....  
.....  
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Witness  
Name .....  
Signature .....  
Address .....

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