

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.	Afatab Alam Ansari 6394056738
2	Vehicle No. / वाहन संख्या	UP53FN4918
3	Policy No. / पालिसी संख्या	252400/31/2026/52844
4	Period of Insurance / बीमा अवधि	27/10/2025 to 26/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/05/2026 - 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Janepur Gola Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohammad Shahil UPS320200023475
8	Estimated Loss / अनुमानित हानि	11692 /-
09.	Cause of Accident / दुर्घटना का कारण :	मैं जानीपुर में अपनी गाड़ी खड़े करके सब्जी ले रहा था तभी अचानक से चार पहिया वाहन टक्कर मारकर भाग गया, जिससे मेरी गाड़ी Damage हो गयी।
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.	S.D Motors 9511460043

Date / दिनांक : 11/05/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

आफताब आलम



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 meerut

Certificate/Policy No. 252400/31/2026/52844

Tel. No.

Period of Insurance 27/10/2025 to 26/10/2026
 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 : Abdul Alam Ansari
 (b) Address for correspondence : Vill - Sonaiha Post - Belavishban Gorakhpur.
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HAIIF 2 S9K 01038</u> Chassis No. <u>MBLHAW455S9K57586</u>	Registration No. <u>UP3FN4918</u>
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- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NA
 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 : NA
 (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 : Mohammad Shahid
 (b) Age : 29
 (c) Address : Atraura Gola Garakhpur UP.
 (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? : _____
 (g) Driving Licence Number : UP5320200023475
 (h) Issuing Authority : Uttar Pradesh
 (i) Date of Expiry : 29/08/2020 to 02/06/2037
 (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 : 07/05/2026 - 10:00 AM.
 (b) Place : Janipur Gola road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मे. जानपुर में अपनी गाड़ी रफ्तक से सव्जी ले रहा था तभी अचानक से गड चडिया वाहन तक्कर मारकर भाग गया जिससे मेरी गाड़ी Damage हो गयी।
 (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 : As Per Estimate
 (b) Estimated cost of repairs : 11692/-
 (c) When and where can the damaged vehicle be inspected : S. D motor

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? : _____

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 आफताब आलम
Occupation
Address
.....

Bank Account Number
Name of the Bank