

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस 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.	AJAI KUMAR MISHRA 6386492702
2	Vehicle No. / वाहन संख्या	UP57 B27989
3	Policy No. / पालिसी संख्या	252400/31/2026/42400
4	Period of Insurance / बीमा अवधि	13/10/2025 To 12/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/05/2026 08:30 PM
6	Place of Accident / दुर्घटना का स्थान	SASAMUSHA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMIT KUMAR DUBEY UP5720210001960
8	Estimated Loss / अनुमानित हानि	12950
09.	Cause of Accident / दुर्घटना का कारण :	अपने रिर्लेवन द्वार शादी से वापस आ रहे थे। रास्ते में सासामुसा वाप्यार के पास अचानक वाप्यार साफने आ गया और वचाने के चक्कर में दूसरे Bike से टक्कर गया। Bike को लेफ्ट left side में गिर गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	DITTA NA AUTOMOBILES Siswa NAHAR KUSHINAGAR 8400635248

11/05/2026

Date / दिनांक :
हस्ताक्षर

अजय कुमार मिश्रा
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 MEERUT
Tel. No. 6306492702

Certificate/Policy No. 252400/31/2026/42400
Period of Insurance 13/10/2025 To 12/10/2026
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 : AJAI KUMAR MISHRA
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025-2026</u>	Engine No. <u>HANF7SHFC2703</u> Chassis No. <u>MBLHAW400SHF45499</u>	Registration No <u>UP57 B2</u> <u>79 09</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? PERSONAL
(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

NA

3 DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (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
- (h) Issuing Authority
- (i) Date of Expiry
- (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?

AMIT KUMAR DUBEY
28

RELATIVE

NA

UP57 20210001960

02-02-2031

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time
- (b) Place
- (c) Speed of vehicle at the time of accident
- (d) Give a short description of the accident
- (e) If any third party was responsible for this accident give the name and address

10/05/2026

08:30PM

CASA MUSHA

अपने रिलेन 25 बर शादी से वापस आ रहे थे
रस्ते में साकापुसा लवा के पास अचानक एक
कापे आ गया से बचाने के चक्के में

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected

AS PER ESTIMATE
12950

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

NA

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.

NA

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

NA

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 11/05/2026 200

अजय कुमार मिश्रा

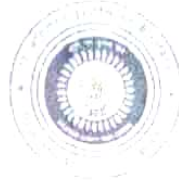
Signature of the insured _____

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. _____

Gen. Rate
Revenue Stamp
When Amount
Exceeds Rs. 5000

Witness
Name
Signature
Address

Signature अजय कुमार मिश्रा
Occupation
Address

Bank Account Number
Name of the Bank