

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.	सचिव जयसवाल 7355948553
2	Vehicle No. / वाहन संख्या	UP53 DQ 9615
3	Policy No. / पालिसी संख्या	MS 2025 7001 046575
4	Period of Insurance / बीमा अवधि	4-8-2025 से 3-8-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	45884. 8-5-26 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	सुरेन्द्र मंडी सोड पल गुजरात गी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सचिव जयसवाल 7355948553 UP53 19970006874
8	Estimated Loss / अनुमानित हानि	14950
09.	Cause of Accident / दुर्घटना का कारण :	वाड़ी के सामने अचानक जानवर जाने पर सन्तुलन बिगड़ गया और जिल्ले में वाड़ी जानवरों के साथ सड़क छूटि गुरुत हो गया
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 MAMM Enngg College 9835410811

Date / दिनांक : 16/5/2026
हस्ताक्षर

सचिव जयसवाल

Signature of Insured / बीमाधारक के

सचिव जयसवाल

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name SACHIT JAISWAL
 (b) Age 08-09-1978
 (c) Address _____
 (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 1997 0006874
 (h) Issuing Authority GORAKHPUR
 (i) Date of Expiry 07-09-2028
 (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 8/5/2026 @ 11:30 AM
 (b) Place SHIKHARSI HILLS RD, MUSAUNIA
 (c) Speed of vehicle at the time of accident 30-35 km
 (d) Give a short description of the accident गाड़ी में सवारों के बीच में गाड़ी रुकने पर अचानक गाड़ी में से निकलने से
 (e) If any third party was responsible for this accident give the name and address कोई तीसरी पार्टी जिम्मेदार नहीं है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per Estimate
 (b) Estimated cost of repairs 14950
 (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 NA
 (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? _____

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 अ. नारायण शर्मा
Occupation
Address

Bank Account Number
Name of the Bank