

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.	Avdesh Singh Bhadoriya 8909051563
2 Vehicle No. / वाहन संख्या	UP76 AV7633
3 Policy No. / पालिसी संख्या	252400/31/2026/28628
4 Period of Insurance / बीमा अवधि	18/07/25 - 17/07/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	16/05/26 - 8:30 AM
6 Place of Accident / दुर्घटना का स्थान	Chhibramau Road
7 Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Avdesh Singh Bhadoriya UP76 20220010810
8 Estimated Loss / अनुमानित हानि	11000/-
09. Cause of Accident / दुर्घटना का कारण:	घर से कमालगंज आफिस जाते समय सामने से आ रही बाइक ने मेरी स्कूटी में टक्कर मार दी और मेरी स्कूटी क्षतिग्रस्त हो गई।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers, 740/2, Barhpur, Farukhabad 8874481234

Date / दिनांक : 16/05/26
हस्ताक्षर

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

Dist. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/28628

Tel. No. _____

Period of Insurance 18/07/25 - 17/07/26

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
 (1) Name Aradesh Singh Bhadaraja
 (2) Address for correspondence 159 Gai'singhpur Farrukhabad (UP)
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>EC000156G00770</u>	Registration No. <u>UP76 AV 7633</u>
	Chassis No. <u>MBLCEW069S6G01237</u>	

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? Personal use
- (c) Was trailer attached? _____
- (d) If a Motor Cycle/scooter:
1. Was a side-car attached? No
2. Was a pillion rider carried? No

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (1) Registered laden weight
- (2) Unladen weight
- (3) Weight of goods carried Load Challan No. _____
- (4) Nature of permit _____
- (5) Nature of goods carried _____
- (6) Was the vehicle plying for hire _____
- (7) If Lorry/Jeep/Tractor, was trailer attached? _____
- (8) Number of passengers carried _____
- (9) Number of Passengers permitted _____

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Avdesh Singh Bhaderiya
 (b) Age : 39 years
 (c) Address : 158 Gaisinghpur, Farrukhabad 209625 (U.P.)
 (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 : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP7620220010810
 (h) Issuing Authority : Farrukhabad
 (i) Date of Expiry : 18/07/32
 (j) Was the licence temporary permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? : No
 (m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 16/05/26 - 8:30 AM
 (b) Place : Chhibramau Road
 (c) Speed of vehicle at the time of accident : 30 kmph.
 (d) Give a short description of the accident : घर से आफिस जाते समय सामने से आ रही वाहन ने मेरी
 (e) If any third party was responsible for this accident give the name and address : स्कूटी में टक्कर मार दी और मेरी स्कूटी क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate
 (b) Estimated cost of repairs : 11000/-
 (c) When and where can the damaged vehicle be inspected : Gupta Auto Dealers, 740/2, Baudhwar, F.B.D.

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? :

NA

- (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 Police 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 past or future accident shall be forfeited.

Date

16/05/20

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. UP76AV7633 insured under Policy No. 25240731/0026/28628
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 [Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank