

JC-1074  
18/5/2026

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To / सेवा में  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरंस 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.	अमन (9140433747)
2	Vehicle No. / वाहन संख्या	UP74-AP 4203
3	Policy No. / पालिसी संख्या	282400-31-2026-27715
4	Period of Insurance / बीमा अवधि	14-7-2025 से 13-7-2026 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-5-2026 दोपहर 2:00
6	Place of Accident / दुर्घटना का स्थान	बुधनाजंटा के पास
7	Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अमन (9140433747) Rohil - 90110(UP742022001
8	Estimated Loss / अनुमानित हानि	15812
9	Cause of Accident / दुर्घटना का कारण :	बुधनाजंटा के पास जाते वक अचानक बुधना निवारा एका अचानक बर्धन के प्रकार से मिली जाती DL2- 80110 के पास फिर भी एका अचानक मिली जाती Rohil- 90110 एका से मिले ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA तिका- मीठकी टिकी
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(87076 83225)

Date / दिनांक : 18-5-2026  
हस्ताक्षर

अमन  
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 सि-२४

Certificate/Policy No. 258100-31-2026-27715

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

Period of Insurance 14-7-09S से 13-7-2026  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : सुनील कश्यप जो लीडर कर्मीज  
 (b) Address for correspondence : सि-२४  
 (c) Telephone : ३१०१९९७९७

2. THE INSURED VEHICLE

Make & Year <u>HERO-2025</u>	Engine No. = <u>JAO7AVSGB04367</u> Chassis No. = <u>MBLJAU02SSGB08637</u>	Registration No. <u>UP.74 AP 4309</u>
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- (a) Was the vehicle in proper working condition? - NA  
 (b) For what purpose was the vehicle being used at the time of accident? - परम  
 (c) Was trailer attached? - NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached - NA  
 2. Was a pillion rider carried - NO

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 : Rohi - Savita  
 (b) Age : 8-10-1998  
 (c) Address : इन्डिया-गिर विवीव्यास  
 (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? : NA  
 (g) Driving Licence Number : UP74-20230010887  
 (h) Issuing Authority : 30-12-2023  
 (i) Date of Expiry : 7-10-2038  
 (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 : 17-5-2026 डीप्टर 2:00  
 (b) Place : चुकमरोल के पास इन्डिया  
 (c) Speed of vehicle at the time of accident : 30 Km  
 (d) Give a short description of the accident : चुकमरोल के पास ज़ाई से  
 (e) If any third party was responsible for this accident give the name and address : ज़्यादाक कुता निवरा फो .

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimat  
 (b) Estimated cost of repairs : 15812  
 (c) When and where can the damaged vehicle be inspected : विवी - मोल्स दिव्ये .

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 \_\_\_\_\_ NO

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? \_\_\_\_\_ NO
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (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 \_\_\_\_\_

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 18-5-026

Signature of the insured (Signature)

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Anand 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. \_\_\_\_\_

Get Date  
Accounting  
When Issued  
Insurance No.

Witness  
Name .....  
Signature .....  
Address .....

Signature SAHIL  
Occupation .....  
Address W-27 Anand Ali Road  
New Delhi-110002

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