

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.	Mukesh Kumar 7388280352
2 Vehicle No. / वाहन संख्या	UP76 AV4130
3 Policy No. / पालिसी संख्या	252400/31/2026/17164
4 Period of Insurance / बीमा अवधि	24/05/25 - 23/05/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	14/05/26 - 5:30 PM
6 Place of Accident / दुर्घटना का स्थान	Nabawganj Road
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Satresh UP7620250004091
8 Estimated Loss / अनुमानित हानि	14100/-
9 Cause of Accident / दुर्घटना का कारण: घर से अगस्त सराय जा रहे थे। रास्ते में अचानक जानवर आ गया और मेरी बाइक असंतुलित होकर रास्ते में खड़ी ट्राली से जा भिड़ी और गिर गई। गिरने के बाद मेरी गाड़ी पर ब्रैक चढ़ गई और मेरी गाड़ी 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, F.B.D. 8874481234

Date / दिनांक : 19/05/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
मुकेश कुमार



The Oriental Insurance Company Limited  
 (Incorporated in India subsidiary of General Insurance Corporation of India)  
 Regd Office Oriental House P.H. No 7037, A 25/25, Asaf Ali Road, New Delhi 110 002

MOTOR CLAIM FORM

To: Br Office Address \_\_\_\_\_

Certificate Policy No 252400/31/2026/57164

T.V. No \_\_\_\_\_

Period of Insurance 24/05/25 - 23/05/26  
 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

(1) Name Mukesh Kumar  
 (2) Address for correspondence Jasmapur Sakwai, Farukhabad (UP) 206451  
 (3) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HA11FGS4D00529</u> Chassis No <u>MBLHAW463S4D00485</u>	Registration No. <u>UP 76 AV 4130</u>
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- (1) Was the vehicle in proper working condition? Yes  
 (2) For what purpose was the vehicle being used at the time of accident? Personal use  
 (3) Was trailer attached?  
 (4) If a Motor Cycle/scooter:  
 1. Was a side-car attached NO  
 2. Was a pillion rider carried NO

II. 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/Jep/Tractor was trailer attached?  
 (8) Number of passengers carried  
 (9) Number of Passenger permitted

NA

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name Satnesh  
 (b) Age 26 Years  
 (c) Address Jasmapur Sakwai Kainganj Farukhabad (UP)  
 (d) Is the Driver 206451  
 1. Owner  
 2. paid driver?  
 3. Owner's relative or friend? Relative  
 (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 UP 76 20250004091  
 (h) Issuing Authority Farukhabad  
 (i) Date of Expiry 09/05/40  
 (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 14/05/26 - 5:30 PM  
 (b) Place Mobawganj Road  
 (c) Speed of vehicle at the time of accident 25 kmph.  
 (d) Give a short description of the accident  
 (e) If any third party was responsible for this accident give the name and address  
घर से अग्रस्त मराफ जा रहे थे रास्ते में क्याफक जन्वर भा गया व बाइक उसंतुलित होकर पानी से भिड़ गई और गिर गई बाइक में अक्सर बाइक पर चढ़ गई और बाइक क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per Estimate  
 (b) Estimated cost of repairs 14100/-  
 (c) When and where can the damaged vehicle be inspected Gupta Auto Dealers, 74/2, Bantpur, Farukhabad

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 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

19/05/26

Signature of the insured

सुनेश कुमार

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. UP76AV4130 insured under Policy No. 252407/31/2026/27164  
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

*[Handwritten Signature]*

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

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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