

To / सेवा में,

The Oriental Insurance Co Ltd /
द्वि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

आ महोदय

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिए 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.	Mohammad Vasin, 9696121207
2. Vehicle No. / वाहन संख्या	UP58AD5899
3. Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/570967
4. Period of Insurance / बीमा अवधि	05/03/2026 to 04/03/27
5. Date of loss & Time / दुर्घटना का दिनांक & समय	18-05-2026, 2:00 PM
6. Place of Accident / दुर्घटना का स्थान	वनरहा मौड़
7. Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Faiyaz Ahamed, UP5720150005982
8. Estimated Loss / अनुमानित हानि	5654/-
9. Cause of Accident / दुर्घटना का कारण :	दुबारा बड़ी बड़क बलाते समय एक मौड़ पे एक बड़क से बचावे के चेम्का में बड़क लेभ LCFJ साइड जीए जिये ,
10. Spot surveyor / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11. Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12. Name of the Workshop, Address & Contact No. / मरम्मतशाला का नाम, पता & मोबाइल / फ़ोन नं.	RISHABH - MOTORS, 6306525464

20/05/26

Date / दिनांक :
हस्ताक्षर

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Signature of Insured / बीमाधारक के



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

MOTOR CLAIM FORM

Divisional Office Address **meerut**
 File No **9696121207**

Certificate/Policy No **MS/2025/7001/0/46575/570969**
 Period of Insurance **05/03/26 to 04/3/27**
 Claim No.

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

1. THE INSURED
 Name: **mohammad vasim**
 Address for correspondence:
 Telephone: **9696121207**

2. THE INSURED VEHICLE

Make & Year H200/2023	Engine No. 17041 Chassis No. 12421	Registration No. UP58AD 5899
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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 use**
- (c) Was trailer attached? **NA**
- (d) If a Motor Cycle scooter
 - (i) Was side-car attached? **NA**
 - (ii) Was a pillion rider carried? **NA**

B. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Gross vehicle weight
- (b) Gross load 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 : Faiyaz Ahammael
(b) Age :
(c) Address :
(d) Is the Driver :
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : yes
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication (alcohol or drugs)? : NA
(g) Valid Licence Number : UP5720150005982
(h) Issuing authority : 18-03-2015
(i) Date of expiry : 17-03-2035
(j) Was the licence temporary/permanent? : permanent
(k) Details of endorsement/suspension, if any :
(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 : 18/05/26, 2:00 Pm
(b) Place : वनरहा चौक
(c) Speed of vehicle at the time of accident :
(d) Location and description of the accident : हमारे भाई बाइक चलाते समय एक Left
(e) Name of party was responsible for this accident give the name and address : शाह जी गयी।

6. DAMAGE TO INSURED VEHICLE

(a) Particulars of damage : AS per Estimate
(b) Estimated cost of repairs : 5654/-
(c) Where and where can the damaged vehicle be inspected : RISHABH - MOTORS

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 :
(e) Details of medical attention to injured person :
(f) Details of property damaged :
(g) Amount of any claim been given to you? :

NA

8 INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
(b) If yes, give full details : NA

9 WITNESS

- (a) 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. : NA

10. THEFT

- (a) Date and Time :
(b) Place :
(c) What was stolen? :
(d) Estimated cost of replacement? :
(e) How/when discovered and reported? :
(f) Has it been reported to Police? :
(g) When? :
(h) Which Police Station? :
(i) C. P. diary Number : NA

I/we the undersigned 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

20/5/26

Signature of the insured

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8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : **NA**
(b) If yes, give full details : :

9. WITNESS

(a) Names and addresses of passengers other than driver :
(b) Did Police/Constable take particulars of accident? :
(c) Was accident reported to Police? If not, Why? : **NA**
(d) Name of Police Station? :
(e) Motor Cycle No. : :

10. THEFT

(a) Duration Time :
(b) Part :
(c) Was it stolen? :
(d) Estimated cost of replacement? :
(e) Was it discovered and reported? :
(f) Was it to be reported to Police? :
(g) Reason? :
(h) Vehicle Policy Station? :
(i) Policy No. Number : :

I/we hereby declare to hereby, to the best of my our knowledge and belief, warrant the truth of the foregoing and in respect and I/We have made or in any further declaration the Company may require in connection 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.

20/5/26

Signature of the insured

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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 _____ We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present or future arising directly/indirectly in respect of the said accident.

Rs. _____

ORIENTAL INSURANCE COMPANY LIMITED
NEW DELHI

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Witness
Name
Signature
Address

Signature
Occupation
Address
.....
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Bank Account Number
Name of the Bank