

सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

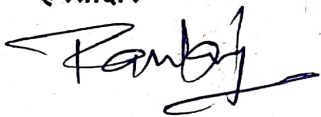
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.


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.	पंकज कुमार तिवारी मो. - 8896343571
2	Vehicle No. / वाहन संख्या	2
3	Policy No. / पालिसी संख्या	252400/31/2026/48193
4	Period of Insurance / बीमा अवधि	20/10/2025 to 19/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/5/2026 7.30 PM
6	Place of Accident / दुर्घटना का स्थान	जशसिंहपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	परतोष कुमार तिवारी (6388089437) UP53 20140011927
8	Estimated Loss / अनुमानित हानि	13839
09.	Cause of Accident / दुर्घटना का कारण: गोलघर से घर की तरफ तिवारीपुर गाड़ी लेकर परतोष कुमार तिवारी आ रहे थे, जशसिंहपुर के पास सामने से दो पहिया वाला उल्टे दाहिने बगल पंर के पास लेकर मारा और वो गाड़ी लेकर बगे बगल मीर गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	

Date / दिनांक : 20/5/26
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

Div. Br. Office Address C. C. ROAD, K. P. M.
 Tel. No.

Certificate/Policy No. 252400/31/2026/48193
 Period of Insurance 20/10/2025 TO 29/10/2026
 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
 (a) Name : Pankaj Kumar Tiwari
 (b) Address for correspondence : Moh. Tiwari Pura, Post - Bada Kazi Pura, Ghat
 (c) Telephone : 6388089437

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>JA07AZS9C01589</u> Chassis No. <u>MBLJAW522S9C015 61</u>	Registration No. <u>UP53FM 6936</u>
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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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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? N/A
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Partosh Kumar Tiwari
(b) Age :
(c) Address : Tiwari, Gorakhpur
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP53 20140011927
(h) Issuing Authority : Gorakhpur
(i) Date of Expiry : 16/08/2034
(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 : 18/8/2024, 7:30 PM
(b) Place : Narsinghpur
(c) Speed of vehicle at the time of accident : 0-40 KMPH
(d) Give a short description of the accident : गोलघर के निकट परमेश कुमार तिवारी गाड़ी
(e) If any third party was responsible for this accident give the name and address : लोकर घर आगे के सामने से दो पहिया वाला ठोकर मारा
दिया जिससे गाड़ी चर गया।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 13839
(c) When and where can the damaged vehicle be inspected : ANVYAMO MOTOR CORPORATION

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? :

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. _____

Witness
Name
Signature
Address

Signature
Occupation
Address
Bank Account Number
Name of the Bank