

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.	रमेश्वर सिंह 78020 74767
2	Vehicle No. / वाहन संख्या	UP 53 FM 8818
3	Policy No. / पालिसी संख्या	252400/31/2026/51127
4	Period of Insurance / बीमा अवधि	24/10/2025 TO 23/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/04/2026 शाम 3:30
6	Place of Accident / दुर्घटना का स्थान	मैक्सि पेड्रोस पथ के पास
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	रमेश्वर सिंह / UP 53 20190008170 No. No- 7802074767
8	Estimated Loss / अनुमानित हानि	10804
09.	Cause of Accident / दुर्घटना का कारण :	मैक्सि पेड्रोस से गाड़ी लेवत गाठिया के जेड करत जा रहा था। रास्ते में बिल गाठ ड्राइवर काई गई और गाड़ी लेवत गैर गत।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	राम मोहन रोसपुट पोस्ट 30 नं 273001 6386521346

Date / दिनांक 22/05/2026
हस्ताक्षर

Ramshankar Singh

Signature of Insured / बीमाधारक के

Ramshankar Singh



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 Cooper Camp Certificate/Policy No. 252460/81/2026/51129
Tel No. _____ Period of Insurance 24/11/2025 TO 23/11/2026
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 : Rama Shanker Singh
- (a) Name : _____
- (b) Address for correspondence : 85 Badli chauri L.P 7852074767
- (c) Telephone : _____
2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. <u>HATJFB SHD 465-15</u> Chassis No. <u>QB LHA W 33434MB</u> <u>14934</u>	Registration No. <u>UP 53 FM</u> <u>8818</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 N/A
 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 Passengers permitted _____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO YES
- (b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : N/A
- (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? : N/A
- (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 22/05/2020

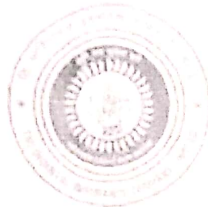
Signature of the insured Ramshankar

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. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Ram Shankar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank