

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.	राजू कुमार, 9935703102
2	Vehicle No. / वाहन संख्या	UGPBC 0735
3	Policy No. / पालिसी संख्या	952400/31/2026/22667
4	Period of Insurance / बीमा अवधि	14.06.2025 - 13.06.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19.5.26 - 3.00 P.M
6	Place of Accident / दुर्घटना का स्थान	पराली (मोवाडा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शानेश्वर देव पाठे 9935703102 UGP20160004778
8	Estimated Loss / अनुमानित हानि	RS 14800 = 00
09.	Cause of Accident / दुर्घटना का कारण:	हमारे मित हमारे गाड़ी लेकर मार्केट जा रहे थे अचानकसे झुल्ला झा गया और झुल्ले का बचावे में मरे गाड़ी लकीप करके बसिं एसड गिरफ्त गाड़ी घिसराते हुये क्षतिग्रस्त हो गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/O
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	विद्युत भारी सर्विस 8299824145, 8858175410

Date / दिनांक : 22.05.26  
हस्ताक्षर

Signature of Insured / बीमाधारक के

राजू कुमार



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 Menth

Certificate/Policy No. 252400/31/2026/22667

Tel. No.

Period of Insurance 14.06.2025 - 13.06.2026  
 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 : Rajiv Kumar  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9935703102

2. THE INSURED VEHICLE

Make & Year <u>Mexico</u> <u>2025</u>	Engine No. <u>HAIIFBSHE11512</u> Chassis No. <u>MBLHAW339SHE11266</u>	Registration No. <u>UPB4BC</u> <u>0735</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? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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 : \_\_\_\_\_

Rajiv Kumar

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: சியனெல்வா டேவ் பாண்டி  
(b) Age: 28 years  
(c) Address: பொலிஸ் பாண்டி  
(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?  
(g) Driving Licence Number: UDG 90/6000477B  
(h) Issuing Authority: S.M.S.R.O  
(i) Date of Expiry: 26.08.2036  
(j) Was the licence temporary/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: 21/05 4:15 PM (சென்னை)  
(b) Place: சென்னை  
(c) Speed of vehicle at the time of accident  
(d) Give a short description of the accident: பெரிய காம்பாக்ட் கார் ஓட்டி மிஸ்டேக்காக  
(e) If any third party was responsible for this accident give the name and address: புறக்கூட சா. சிவசாமிநாதன் சா. 118

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Front side  
(b) Estimated cost of repairs: RS 14800=00  
(c) When and where can the damaged vehicle be inspected: Uthayya Auto 8000

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: MIA / MIA  
(e) Full details of property damaged  
(f) Has notice of any claim been given to you?

21/05 2011



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 .....  
Occupation .....  
Address .....  
.....  
.....

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