

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.	अरविन्द मणि निवासी 7510085336
2	Vehicle No. / वाहन संख्या	UP53FN9159
3	Policy No. / पॉलिसी संख्या	252400/31/2026/59596
4	Period of Insurance / बीमा अवधि	16/11/25 To Midnight of 15/11/26 14/5/2026 12:00 PM (कोयलर)
5	Date of loss & Time / दुर्घटना का दिनांक & समय	
6	Place of Accident / दुर्घटना का स्थान	मालनपार
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अरविन्द मणि निवासी 7510085336
8	Estimated Loss / अनुमानित हानि (21896)	AP012201300000007
09.	Cause of Accident / दुर्घटना का कारण :	मालनपार में दुर्घटना खान समग्र
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Nb
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Nb
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Do P. MOTORS 9835410811 College

मालनपार के पास सामने से आ रही बाइक वाले के नेज-रफ्तार से भी बाइक में सामने से आकर लकड़ भाग दिया जिससे किसी जाती का भी नुकान हो सकता है।
जो कर क्षतिग्रस्त हो गये / उस क्षयप जागी अरविन्द मणि निवासी चला रहे थे।

Date / दिनांक : 23/5/2026
हस्ताक्षर

अरविन्द मणि निवासी

Signature of Insured / बीमाधारक के
अरविन्द मणि निवासी



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 _____ Certificate/Policy No. 252400/31/2026/59596
 Tel. No. _____ Period of Insurance 16/11/25 - 15/11/26
 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 Arvind mani tiwar
 (a) Name :
 (b) Address for correspondence :
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>Held</u> <u>17/Nov/2025</u>	Engine No. <u>38276</u> Chassis No. <u>57936</u>	Registration No. <u>UP58 FN</u> <u>9159</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? Personel
 (c) Was trailer attached? No
 (d) 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:

- (a) Registered laden weight _____
- (b) Unladen Weight _____
- (c) Weight of goods carried/Load Challan No. _____
- (d) Nature of permit PIA
- (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 _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name सुरेश्वर मणि शिवाजी
 (b) Age 15/10/1984
 (c) Address _____
 (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 Nb
 (f) Was he under the influence of intoxication Liquor or drugs? Nb

(g) Driving Licence Number AP012201300000007
 (h) Issuing Authority Hyderabad
 (i) Date of Expiry of the licence 4/4/2031
 (j) Name of the person who issued the licence Permanent

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time 14/5/26 (12:00 AM) ड्राइवर
 (b) Place मानेनगर 40-45 KM
 (c) Speed of vehicle at the time of accident सम्भिन से मा 30 वाइक वाइक के मेरे गाडी मे ओरगाट
 (d) Give a short description of the accident बाहन से रम्क मार किया जिससे भीरी गाडी का
 (e) If any third party was responsible for this accident give the name and address रम्क मार कर वाहिगस्त हो जाइ

6. DAMAGE TO DAMAGED VEHICLE

(a) Name of the damaged vehicle As Per Estimate
 (b) Make and model of the damaged vehicle 21896 D.P.motors
 (c) When and where can the damaged vehicle be inspected _____

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? Yes

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
- (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? : NA
- (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? : _____
- (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 _____ 200

Signature of the insured

हरविन्द मजि निपरी

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. _____ I/We give
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 *[Handwritten Signature]*
Occupation
Address

Bank Account Number
Name of the Bank