

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.	7607570 RAJAN YADAV
2	Vehicle No. / वाहन संख्या	UP53 FM 5782
3	Policy No. / पालिसी संख्या	252400/81/2026/49054
4	Period of Insurance / बीमा अवधि	21/10/25 20/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/05/26 11:00
6	Place of Accident / दुर्घटना का स्थान	PARMATHI GAON
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP53 20220011568 ABHISHEK TIWARI
8	Estimated Loss / अनुमानित हानि	6,000
09.	Cause of Accident / दुर्घटना का कारण :	हमारा गाड़ी लेकर हमारा दोस्त परीवृत्ती गांव गया था। तभी अचानक पिछे से एक पिकप गाड़ी हमारे ही कारण हमारी गाड़ी को ठोका और गाड़ी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9935638333 VISHAL MOTORS

Date / दिनांक : 26/05/26
हस्ताक्षर

✓ Rajan Yadav

✓ Rajan Yadav
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 MEERUTH

Certificate/Policy No. 252400/81/2026/49054

Tel. No. _____

Period of Insurance _____

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 RAJAN YADAV
 (a) Name : _____
 (b) Address for correspondence : VILL. FATEHPUR POST SAMAYTHAN BHIT RS 6060
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2026</u>	Engine No. <u>HAIIF55HE04813</u> Chassis No. <u>MBLHAW439SHE26293</u>	Registration No. <u>UP53</u> <u>FM 5782</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Abhishek Tiwari
- (b) Age : 28
- (c) Address : _____
- (d) Is the Driver : _____
 - 1. Owner : _____
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : 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 : UP52 90990011568
- (h) Issuing Authority : _____
- (i) Date of Expiry : 19-05-2022
- (j) Was the licence temporary/permanent : 19-07-2019
- (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 : 25/05/26 11:00
- (b) Place : PARSHAD GARDN
- (c) Speed of vehicle at the time of accident : 55
- (d) Give a short description of the accident : _____
- (e) If any third party was responsible for this accident give the name and address : धुमरा गाँव लेकर धुमरा टोपल परिशीला

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : PS PER ESTIMATE
- (b) Estimated cost of repairs : _____
- (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? : N/A

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asha 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 Account
Exceeds Rs. 5000/-

Witness

Name

Signature

Address

Signature Rajendra

Occupation

Address

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Bank Account Number

Name of the Bank