

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.	Pankaj 9621529650
2	Vehicle No. / वाहन संख्या	UP76AL6330
3	Policy No. / पालिसी संख्या	252400/31/2026/54960
4	Period of Insurance / बीमा अवधि	02/11/2025 - 01/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25-5-2026 2:50 PM
6	Place of Accident / दुर्घटना का स्थान	Munawathi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP76 20190006237 Anish Kumar 9621529650
8	Estimated Loss / अनुमानित हानि	
09	Cause of Accident / दुर्घटना का कारण	Shamsabad Se Apne Gaon Munawathi Jate Samay Bida Rastr me Samu An Rahu Motorcycle me Takar meri jite Motorcycle slip ho kar let gai
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Shri Ram Auto Sales Shamsabad

Date / दिनांक : 27-5-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

पंकज

The Oriental Insurance Company Limited
(Incorporated in India, subsidiary of Central Insurance Corporation of India)
Regd. Office: Oriental House, P.B. No. 7017, A-25/25, Asaf Ali Road, New Delhi, 110 002

MOTOR CLAIM FORM

Dr. By: Officer Address _____
Tel. No. _____

Certificate Policy No. 18/21/1002/1997/0
Period of Insurance AS 1/1/2008 - 31/12/2008
Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISION OF LIABILITY
Please answer All relevant questions fully

(a) Name _____
(b) Address for correspondence _____
(c) Telephone _____

1. INSURED Person

Mrs. Anjali Kugan Chandra (Mrs. Anjali)

2. THE INSURED VEHICLE

Make & Year <u>Jeep</u>	Engine No. <u>PH1188517</u> Registration No. <u>DL 14</u>
Chassis No. <u>5181HAB19895HT-80192111</u>	Registration No. <u>DL 14</u>

- (a) Was the vehicle in proper working condition? Yes
(b) Not under repair or in the process of repair? Yes
(c) Was it a Motor Cycle/ Scooter?
(d) If a Motor Cycle/ Scooter:
1. Was a side-car attached?
2. Was a pillion rider carried?

II. ADDITIONAL INFORMATION/COMMERCIAL VEHICLE

The following questions need be answered in commercial vehicles only:

- (a) Registered Indian weight
(b) Includes Weight
(c) Weight of goods carried/Load Challan No.
(d) Nature of goods carried
(e) Name of firm
(f) Was the vehicle plying for hire
(g) If Lorry/Truck/Tanker, was trailer attached?
(h) Number of passengers carried
(i) Number of Passenger permitted

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8. INQUIRY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured?
If yes, give full details

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2/1/14

9. WITNESS

(a) Give names and addresses of passengers/other
Witness, if any

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(b) Did a Police Constable take particulars of
The accident?

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(c) Was accident reported to Police? If not, Why?

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(d) If yes, to which Police Station?
Date and Diary No.

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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) Where?
- (h) Which Police Station?
- (i) C.R. diary Number

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2/1/14

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 or any improper concealment, the Policy shall be void and all rights to receive thereunder in respect of past or future accident shall be forfeited.

Date _____ 2000

27.5.2008

Signature of the insured _____

UOMLS