

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.	7318484851 AMIT MAURYA
2	Vehicle No. / वाहन संख्या	UPS3 FN 1677
3	Policy No. / पालिसी संख्या	252400/31/2026/53030
4	Period of Insurance / बीमा अवधि	27/10/25 से 26/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/5/2026 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	मिजबिलिहल, एल्फर गल, गौरीपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DINESH KUMAR MAURYA UPS3 20120016796 मो.नं. - 9835410811
8	Estimated Loss / अनुमानित हानि	4980
9	Cause of Accident / दुर्घटना का कारण	घट पट गाली खड़ी थी युट धुल कट वापट काट दिया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	D.P. MOTORS M M M Enyg College 9835410811

Date / दिनांक : 27/5/2026  
हस्ताक्षर

आमित मौर्य

Signature of Insured / बीमाधारक के

आमित मौर्य





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. 252400/31/2026/53030

Tel. No. \_\_\_\_\_

Period of Insurance 27/10/25 4F 26/10/2026

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 : H M I F MADHVA
- (b) Address for correspondence : \_\_\_\_\_
- (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hercb</u> <u>31/02/2025</u>	Engine No. <u>H A J I F B S H J 1 6 0 1 5</u>	Registration No. <u>VP53FN/1679</u>
Chassis No. <u>M 6 L H A W 3 3 0 5 H J 1 5 9 9 0</u>		

- (a) Was the vehicle in proper working condition? yes
- (b) For what purpose was the vehicle being used at the time of accident? Personal
- (c) Was trailer attached? No
- (d) If a Motor Cycle/scooter
- Was a side-car attached? No
  - 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 \_\_\_\_\_
- (e) Nature of goods carried \_\_\_\_\_
- (f) Was the vehicle plying for hire \_\_\_\_\_
- (g) If Lorry/Jeep/Tractor, was trailer attached? Yes
- (h) Number of passengers carried \_\_\_\_\_
- (i) Number of Passenger permitted \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name Dinesh Kumar Meena
- (b) Age 33
- (c) Address MITRAVA SARDAR NAGAR, GATEKHARA
- (d) Is the Driver
  - 1. Owner
  - 2. paid driver?
  - 3. Owner's relative or friend?relative
- (e) If paid driver, how long has he been in your employment NO
- (f) Was he under the influence of intoxication liquor or drugs? NO
- (g) Driving Licence Number UP3320120016796
- (h) Issuing Authority GAZAKHARA
- (i) Date of Expiry 12/06/2023
- (j) Was the licence temporary/permanent 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 20/5/2026 10:00 AM
- (b) Place बिहार धरम 082016
- (c) Speed of vehicle at the time of accident एर पर गाडी चली और गमन दुर्घटना स्थल पर
- (d) Give a short description of the accident
- (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage As per estimate
- (b) Estimated cost of repairs 4980
- (c) When and where can the damaged vehicle be inspected D.O.P. MOTORS

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? AM



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
- (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? : NO
- (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? : NO
- (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 27/5/2026 200

Signature of the insured

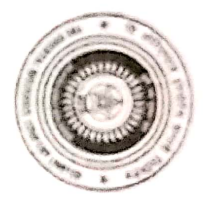
31/1/2026

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 31/5/24  
Occupation .....  
Address .....

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