

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.	MAIRONNISHAN 9621752604, 706 0723698
2	Vehicle No. / वाहन संख्या	UP56 BA 2533
3	Policy No. / पालिसी संख्या	MS/2025/7001/01/46575/467031
4	Period of Insurance / बीमा अवधि	22.09.2025 to 21.09.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/05/2026 समय 03:50 PM.
6	Place of Accident / दुर्घटना का स्थान	पकी रिसवा -
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAADAN HUSAIN - 9621752604 DL No - UP5620260013117
8	Estimated Loss / अनुमानित हानि	NA
09.	Cause of Accident / दुर्घटना का कारण :	मैं मैरॉनिशा मेरी गाड़ी लेकर मेरे लीवा सड़क पर हूँ तब मेरी गाड़ी का सड़क से धक्का खाया जिसके कारण गाड़ी में गंभीर क्षति हुई और गाड़ी का डैश बोर्ड भी टूट गया। मेरी गाड़ी का पोलिसी नंबर 46575/467031 है।
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.	SHUBHAM Automobiles P. No. 32 Chauhanje, Bada 225302

Date / दिनांक : 01/06/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
मैरॉनिशा


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 _____
 Tel. No. _____

Certificate/Policy No. MS/2025/700/04488X/468031
 Period of Insurance 22.09.2021 to 21.09.2028
 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 : MAHARON NISHAN
 (b) Address for correspondence : VILL - PAKARI SIKHA PO - PARSHA ONDI MAHI
 (c) Telephone : 9621752664 RS - LUGHAR MRJ

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>06622</u>	Registration No.
	Chassis No.	<u>04745</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 USES
- (c) Was trailer attached?
- (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 | : | _____ |
- NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
- (b) If yes, give full details : _____ NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____
- (c) Was accident reported to Police? If not, Why? : _____ NA
- (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 Policy 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 01/06/2008

Signature of the insured

शैलन निशा

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 ^{११} मेलना मिशा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank