

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.                        | Charan Singh<br>902612 8168  |
| 2 Vehicle No. / वाहन संख्या   | UP76AW7641   |
| 3 Policy No. / पालिसी संख्या  | 2524000/31/2026/58336  |
| 4 Period of Insurance / बीमा अवधि   | 12/11/25 - 11/11/26  |
| 5 Date of loss & Time / दुर्घटना का दिनांक & समय  | 29/05/26 - 11:30 PM  |
| 6 Place of Accident / दुर्घटना का स्थान   | जशरबाबाद रोड   |
| 7 Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं       | Kundan<br>UP76 202000008866  |
| 8 Estimated Loss / अनुमानित हानि  | 6720/-   |
| 09. Cause of Accident / दुर्घटना का कारण:   | जशरबाबाद रोड पर जाते समय सामने के कार वाले ने अचानक कार मोड़ दी और प्रेरी जाती कार से जा लगी और गिल एक क्षतिग्रस्त हो गयी /- |
| 10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम                                     | N/A  |
| 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. | Gulfa Auto Dealers 740/2<br>Barhpur Jashrababad<br>88744 81234   |

Date / दिनांक : 03/06/26  
हस्ताक्षर

चरन सिंह  
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.O. No 7037 A 25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

To: To Office Address \_\_\_\_\_

Certificate Policy No 252400/31/2026/58336

T.A. No \_\_\_\_\_

Period of Insurance 12/11/25 - 11/11/26  
 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

(1) Name Charan Singh  
 (2) Address for correspondence Katrauli Patti Farrukhabad  
 (3) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

|                            |   |  |
|----------------------------|---|--|
| Make & Year<br><u>2025</u> | Engine No. <u>HA11F6SHKM 4015</u><br>Chassis No. <u>MBLHAW476SHKL4707</u> | Registration No.<br><u>UP76AW</u><br><u>7641</u> |
|----------------------------|---|--|

- (1) Was the vehicle in proper working condition? Yes  
 (2) For what purpose was the vehicle being used at the time of accident? Pranam use  
 (3) Was trailer attached?  
 (4) If a Motor Cycle/scooter:  
 1. Was a side car attached? no  
 2. Was a pillion rider carried? no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

- (1) The following questions need be answered in commercial vehicles only  
 (a) Registered laden weight  
 (b) Curbed Weight  
 (c) Weight of goods carried Load Chart No.  
 (d) Nature of period  
 (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 Passengers permitted

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Kundan  
 (b) Age: 32  
 (c) Address: Katrauli Patti Farrukhabad  
 (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: N/A  
 (f) Was he under the influence of intoxication (Liquor or drugs?): N/A  
 (g) Driving Licence Number: UP76 2020000 8866  
 (h) Issuing Authority: Farrukhabad  
 (i) Date of Expiry: 31/12/2033  
 (j) Was the licence temporary permanent: Permanent  
 (k) Details of endorsement/suspension, if any: NO  
 (l) Has he been involved in any accident before?: NO  
 (m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 29/05/26 - 11:30 PM  
 (b) Place: Farrukhabad, 215  
 (c) Speed of vehicle at the time of accident: 30  
 (d) Give a short description of the accident: Farrukhabad में एक गाड़ी सामने से आते हैं और बाईं तरफ से अचानक एक मोटर गाड़ी में गिरने लगी और वे कार चलाते और  
 (e) If any third party was responsible for this accident give the name and address: ड्रा. एन. शोपुस्टा की गली -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate  
 (b) Estimated cost of repairs: 6720/-  
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealers Farrukhabad

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?

*MS*

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?

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?
- (e) By whom discovered and reported?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Police Station?
- (i) C.R. diary Number

NA

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 past or future accident shall be forfeited.

Date 03/06/26 2/00

चरनारिंह  
Signature of the insured

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. 76AW7641 insured under Policy No. 252400/31 of 2026/58336  
the said company and accident which occurred on or about \_\_\_\_\_ 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. 10000

Witness  
Name .....  
Signature .....  
Address .....

यशविंद  
Signature .....  
Occupation .....  
Address .....

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