

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

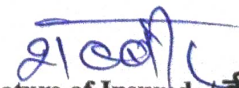
Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Shabbbeer, 7081956791
2	Vehicle No. / वाहन संख्या	UP36Y7050
3	Policy No. / पालिसी संख्या	252400/31/2026/23558
4	Period of Insurance / बीमा अवधि	18/06/25 to 17/06/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/05/26 शाम के 6:00 बजे
6	Place of Accident / दुर्घटना का स्थान	Shukul Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishal Pandey, 8076330550 UP3620180006771
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी मेरे मित्र लैल्ल देवगढ़ जा रहे थे शस्त्रों में शुकुल बाजार के पास सामने से आती गाड़ी साइफिल टकराव भाट की।
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.	Kishan Auto Mo Biles Shukul Bazar Amethi 7007401856

Date / दिनांक :  
हस्ताक्षर

  
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 \_\_\_\_\_

Certificate/Policy No. 25240/31/2026/23558

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

Period of Insurance 12/04/2025 To 17/06/2026  
 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 : Shabbbeer  
 (b) Address for correspondence : Jaudilmaga Bahadpur Amethy  
 (c) Telephone : 7081956791

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>JF17ER6L08251</u> Chassis No. <u>MBLJFN353R6L08131</u>	Registration No. <u>UP36</u> <u>7050</u>
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- (a) Was the vehicle in proper working condition? No  
 (b) For what purpose was the vehicle being used at the time of accident? Personal use  
 (c) Was trailer attached? NA  
 (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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vishal Pandey  
 (b) Age : 28  
 (c) Address : New Telephone colony Mathura Road odwana mahamayanagar UP  
 (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 : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NA  
 (g) Driving Licence Number : UP06 2018 0006771  
 (h) Issuing Authority : HATRAS  
 (i) Date of Expiry : 04/09/2038  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NA  
 (l) Has he been involved in any accident before?: NA  
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 28/05/26 21TH ON 6:00 AM  
 (b) Place : Shukla Bazaar  
 (c) Speed of vehicle at the time of accident : 30km PH  
 (d) Give a short description of the accident : HATRA JINDA KA EK EK KARTI KARTE RAHTE HAIN  
 (e) If any third party was responsible for this accident give the name and address : 25501 ANIL KUMAR SHYAM SINGH SHYAM SINGH  
 मालिक का कार में

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate  
 (b) Estimated cost of repairs : 6280/-  
 (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



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 .....  
Occupation .....  
Address .....  
.....  
.....

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