

सेवा में,
The Oriental Insurance Co Ltd /
द 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. | आनन्द मोहन / 7525961672 |
| 2 | Vehicle No. / वाहन संख्या | UP53FM9312 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/50522 |
| 4 | Period of Insurance / बीमा अवधि | 23/10/2025 से / 22/10/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 28/5/2026 4:20 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | पिपराइच तिरहा |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | हरी नाथ मोहन / 8953246730 UP53 20180014352 |
| 8 | Estimated Loss / अनुमानित हानि | 12403 |
| 9 | Cause of Accident / दुर्घटना का कारण: | मैं धर ही पिपराइच जा रहा था, पिपराइच ओट कुलम्बी तिरहा पर कुलम्बी ले हाने बल मैं बाय तरफ ले मैं बाइक में टकराव हो गया, फिलहाल मैं गाड़ी बाई तरफ जाकर इतिमंश हो गई। गाड़ी हरिनाथ मोहन चला रहे थे. |
| 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. ENGS. College 9835410811 |

Date / दिनांक : 2/6/2026
हस्ताक्षर

आनन्द मोहन

Signature of Insured / बीमाधारक के

आनन्द मोहन





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. 25240031 | 2026 / 50522
 Tel. No. _____ Period of Insurance 23/10/2025 & 22/10/2026
 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 : श्री-रंग शर्मा
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

| | | |
|---|---|--------------------------------------|
| Make & Year <u>Hero</u> <u>23/10/25</u> | Engine No. <u>03291</u> Chassis No. <u>01027</u> | Registration No. <u>UPS3FM93K</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
 1. Was a side-car attached No
 2. 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 : NT
 (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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name _____
- (b) Age _____
- (c) Address _____
- (d) Is the Driver
 - 1. Owner _____
 - 2. paid driver? _____
 - 3. Owner's relative or friend? _____
- (e) If paid driver, how long has he been in your employment _____
- (f) Was he under the influence of intoxication liquor or drugs? _____
- (g) Driving Licence Number _____
- (h) Issuing Authority _____
- (i) Date of Expiry _____
- (j) Was the licence temporary/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 _____
- (b) Place _____
- (c) Speed of vehicle at the time of accident _____
- (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 _____
- (b) Estimated cost of repairs _____
- (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? _____

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 _____ of _____
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. _____ I/We give
the said company and accident which occurred on or about _____ of all my/our claims
the discharge receipt to the Company in full and final settlement of the said accident.
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 *[Handwritten Signature]*
Occupation
Address
.....
Bank Account Number
Name of the Bank