

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

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

Sir / महोदय,

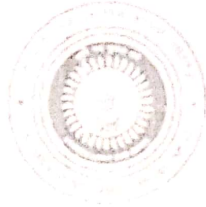
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें.

1	Name of the Insured & Mobile No./ वीमाधारक का नाम & मोबाइल नं.	Rahul Gixi
2	Vehicle No. / वाहन संख्या	0765 284952
3	Policy No. / पालिसी संख्या	UP31CA566L
4	Period of Insurance / वीमा अवधि	MS/2025/7002/0/46375/461666
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/08/2025 to 19/08/2025 31/5/2026 3:00 Pm
6	Place of Accident / दुर्घटना का स्थान	S.S.B क्लब के पास
7	Name of the Driver, D I. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rahul Gixi
8	Estimated Loss / अनुमानित हानि	UP312013 70206645 / 0765 284952 12898/-
09.	Cause of Accident / दुर्घटना का कारण:	अज्ञात है शकत फाट जा रहे थे तभी SSB क्लब के पास आया एक नाम से गाड़ी आ गया बिना ब्रेक जाकर है एकदम वामत दाहिने से वह गाड़ी ठोकर मारी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NH
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	मूसाराम नगर मेल मेहतावांज सिंगारपुर 9151154046

Date / दिनांक : 3/6/26
हस्ताक्षर

Signature of Insured / वीमाधारक के
राहुल गिरी

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. UP 31CA 5661 insured under Policy No. MS/2025/7002/0/46575/461666 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 राहुल गिरी

Occupation

Address

Bank Account Number

Name of the Bank



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. MS/2025/7001/0/46575/461666
 Tel. No. _____ Period of Insurance 13/08/2025 to 12/08/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED
 (a) Name : Rohit, Gauri
 (b) Address for correspondence : 17 Dahi, North Mohan
 (c) Telephone : 8765284952

2. THE INSURED VEHICLE

Make & Year <u>KAWA</u> <u>31 May 2023</u>	Engine No. <u>JA07AMP61D09550</u> Chassis No. <u>MBLJAW409P6D05086</u>	Registration No. <u>UP32CA 5661</u>
--	---	--

- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (d) If a. Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried

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

[Handwritten signature]

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rahul Bhatia
- (b) Age : 34
- (c) Address : Liloh' Math
- (d) Is the Driver
1. Owner : Owner
 2. paid driver? : No
 3. Owner's relative or friend? : No
- (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 : UP 32 2013 0010645
- (h) Issuing Authority : _____
- (i) Date of Expiry : 14/10/2033
- (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 : 31/5/26 3:00pm
- (b) Place : S.B. K.P. Math
- (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 : 12898
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : मटेलागंज ही मजरा फार्म जा रहे थे तभी सब से के पाठ के नाम से मजिन के बिलवे को गया जिन्हे गाड़ी धांसल हो खरब वाली तरफ रोज पर 10 मिनट डीके हो गयी ।

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? : _____



8. INJURY TO DRIVER/OCCUPANT

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

17/11/19

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?
(d) If yes, to which Police Station?
(e) Date and Diary No.

17/11/19

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

17/11/19

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 31/6/26 200

Signature of the insured

राहुल गिरी