

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.	Sanjama 9695650879
2 Vehicle No. / वाहन संख्या	UP76AW5855
3 Policy No. / पालिसी संख्या	252400/31/2026/53783
4 Period of Insurance / बीमा अवधि	29/10/25 - 28/10/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	01/06/26 - 5:00 PM
6 Place of Accident / दुर्घटना का स्थान	नवाब जंज रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Avinash Singh UP76-20170006248
8 Estimated Loss / अनुमानित हानि	59000/-
09. Cause of Accident / दुर्घटना का कारण:	नवाब जंज रोड के मिनारे में गार्ड 2 बंदी थी जो जानबूझ लकड़ें डुबें में गार्ड के टकरा गये ऑल गेरी जॉब रिट गार्ड /
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/O
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Auto Dealers 740/2 Bachpur Farrukhabad 8874481234

Date / दिनांक : 03/06/26
हस्ताक्षर



संजना

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. 252400/31/2026/53783
 T.C. No. _____ Period of Insurance 29/10/25 - 28/10/26
 Claim No. _____

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

1. THE INSURED

(1) Name Sanjana
 (2) Address for correspondence _____
 (3) Telephone Madhiya Khasi Farrukhabad

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JF16E3SGM04178</u> Chassis No. <u>MBLJFW764SGM03940</u>	Registration No. <u>UP76AW</u> <u>5855</u>
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- (1) Was the vehicle in proper working condition? Yes
 (2) For what purpose was the vehicle being used at the time of accident? Personal use
 (3) Was trailer attached? _____
 (4) If a Motor Cycle/scooter: no
 (5) Was a side-car attached? no
 (6) Was a pillion rider carried? no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (1) Registered load weight _____
 (2) Current Weight _____
 (3) Weight of goods carried (Load Chart No. _____)
 (4) Nature of goods carried _____
 (5) Was the vehicle plying for hire _____
 (6) If Lorry/Jeep/Tractor, was trailer attached? _____
 (7) Number of passengers carried _____
 (8) Number of Passengers permitted _____

Handwritten signature/initials

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Avinash Singh
 (b) Age: 52
 (c) Address: Khudina Khar Kisvahi Kaingani 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)? No
 (g) Driving Licence Number: UP 96 2017 0006248
 (h) Issuing Authority: Farrukhabad
 (i) Date of Expiry: 21/07/2024
 (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: 02/06/26 - 5:00 PM
 (b) Place: गवाब गंज रोड
 (c) Speed of vehicle at the time of accident:
 (d) Give a short description of the accident: गवाब गंज रोड के किनारे मेरी गाड़ी रुकी थी वो जानवर लापरे हुए मेरी गाड़ी में टकरा गये और मेरी गाड़ी गाल गयी।
 (e) If any third party was responsible for this accident give the name and address: गवाब / -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 5900/-
 (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 hospitalizing medical attention to injured person
 (e) Full details of property damaged
 (f) Has notice of any claim been given to you?

N/A

8. INJURY TO DRIVER/OCCUPANT

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

no

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.

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

no

I, 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 2001

संजना

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. 76AW5855 insured under Policy No. 252400/31/12026/53783
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.

Unit Digit
Revenue Stamp
With Amount
Escrow No. 1000

Witness
Name
Signature
Address

Signature संजना
Occupation
Address

Bank Account Number
Name of the Bank