

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.	Layeeek 9026950872
2 Vehicle No. / वाहन संख्या	UP76AW 3626
3 Policy No. / पालिसी संख्या	252400/31/2026/48907
4 Period of Insurance / बीमा अवधि	21/10/25 - 20/10/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	02/06/26 - 12:30 PM
6 Place of Accident / दुर्घटना का स्थान	महाराजगढ़ रोड
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Layeeek UP7620210016491
8 Estimated Loss / अनुमानित हानि	9590/-
09. Cause of Accident / दुर्घटना का कारण: घटने के कारणों को समझने के लिए अचानक सामने सबूत आ गया उसे खचाने के कारण में मेरी गाड़ी ठिक बेलन हो गई सित्त हो गई ।-	
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.	Gupta Auto Dealers 740/2 Barhpur Farukhabad 8874481234

Date / दिनांक : 04/06/26
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

To: Br. Office Address _____

Certificate/Policy No. 252400/31/2026/48907

T.C. No. _____

Period of Insurance 21/10/25 - 20/10/26

Claim No. _____

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

1. INSURED

(1) Name Layeeek
 (2) Address for correspondence Mohella Bada Bangash Para Farrukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JA07A2S9K08212</u> Chassis No. <u>MBLHAUS28SSK</u>	Registration No. <u>UP76AW 3626</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
 1. Was a side-car attached no
 2. Was a pillion rider carried no

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (1) Rated laden weight
 (2) Curbed Weight
 (3) Weight of goods carried/Load Challan No.
 (4) Nature of permit
 (5) Nature of goods carried
 (6) Was the vehicle plying for hire
 (7) If Lorry/Jeep/Tractor, was trailer attached?
 (8) Number of passengers carried
 (9) Number of Passengers permitted

NA

3 DRIVER AT THE TIME OF ACCIDENT

- (a) Name LayeeK
 (b) Age 39
 (c) Address Bada Bangasmura Farrukhabad
 (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 N/A
 (f) Was he under the influence of intoxication (Liquor or drugs?) NO
 (g) Driving Licence Number UP 76 20210216491
 (h) Issuing Authority Farrukhabad
 (i) Date of Expiry 20/12/2031
 (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 - 12:30 PM
 (b) Place महेन्द्रगढ़ रोड
 (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
एरर के कारण जादे साझे डायरल साने सांड मा गमा उले अचाने के कारण के गेले साझे डिग बेलन हो एरर किलर हो गये।

6 DAMAGE TO INSURED VEHICLE

- (a) Full details of damage AS Per Estimate
 (b) Estimated cost of repairs 9590/-
 (c) Where and where can the damaged vehicle be inspected Gupta Auto Dealer 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?

N/A

8. INJURY TO DRIVER OR CLIPANT

- (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?

- (c) Was accident reported to Police? If not, Why?

- (d) If yes, to which Police Station?

- (e) Date and Diary No.

NA

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, the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the reports, 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 04/06/26 2021

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. 76 AW 346 insured under Policy No 252400/31 of 2026/48907 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