

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.	7524024124 SUBASH
2	Vehicle No. / वाहन संख्या	UP53 FM 5798
3	Policy No. / पालिसी संख्या	952400/81/2026/49011
4	Period of Insurance / बीमा अवधि	21/10/2025 20/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/05/2026 4:00
6	Place of Accident / दुर्घटना का स्थान	MAJHAWA CHAURAHA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP53 20250010735 NITESH KUMAR
8	Estimated Loss / अनुमानित हानि	5500
09. Cause of Accident / दुर्घटना का कारण : हमारा गाडी लेकर हमारा दोस्त मजगावा चौराहा गया था तभी अचानक एक सागने से गाडी वाले से टक्कर हो गयी जिस कारण हमारी गाडी क्षतिग्रस्त हो गयी		
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.	9935638333 VISHAL MOTORS

Date / दिनांक : 04/06/26

हस्ताक्षर

सुवाष

✓ Signature of Insured / बीमाधारक के

सुवाष

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : NITESH
(b) Age : 21
(c) Address :
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP 53 2025 0010735
(h) Issuing Authority : 07/04/2025
(i) Date of Expiry : 17/07/2045
(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 : 28/05/2026 4:00
(b) Place : MAJHAWA CHAURAH
(c) Speed of vehicle at the time of accident : 50
(d) Give a short description of the accident : हमारा गाडी लेकट हमारा दोस्त मजगौवा लड गया
(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 : PS PER ESTIMATE
(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? :
N/A

8. INJURY TO DRIVER/OCCUPANT

- (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 Policy Station? : _____
(i) C.R. diary Number : _____

~~NA~~

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 04/06/26 200

✓ Signature of the insured _____
सुवाय

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

✓ रजनीश
Signature

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank