

सेवा में,

The Oriental Insurance Co Ltd /

दि ओरिएण्टल इन्सुरेंस 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.	Chanel babu Kushawaha - 9415011793
2. Vehicle No. / वाहन संख्या	UP57A07318
3. Policy No. / पॉलिसी संख्या	ms/2026/2001/0/46525/571993
4. Period of Insurance / बीमा अवधि	04/04/2026 to 03/04/27
5. Date of loss & Time / दुर्घटना का दिनांक & समय	02-06-2026 , 7:00 pm
6. Place of accident / दुर्घटना का स्थान	Tamkuli Road
7. Name of the driver, D.L. No. & Mobile No / द्वारक का नाम डी एल नं. & मोबाइल नं	Haryendra Bishnoi, UP5719990202166
8. Estimated Loss / अनुमानित हानि	3129/-
9. Cause of Accident / दुर्घटना का कारण:	वार्डक चलते समय अचानक एक वार्डक वाले ने आगे से भार दिया। जिसे वार्डक लेना Right साइड गी गये।
10. Spot Surveyor / स्पॉट सर्वेयर का नाम	
11. Third Party / तृतीय पक्ष हानि / FIR No.	NA
12. Name of the workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	RISHABH - MOTORS, 6306525464

02/06/2026

Date / दिनांक :

हस्ताक्षर

chanel babu

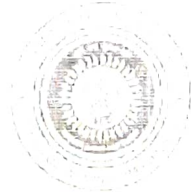
Signature of Insured / बीमाधारक के

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 _____ 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 or 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 *Chanel babu*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank


The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regional Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address: **MOTOREATHII** Certificate/Policy No: **MS/2026/7001/0/46575/571793**
 L.F. No: **9415011793** Period of Insurance Claim No: **04/04/26 to 03/04/27**

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

1. THE INSURED
 (a) Name of Insured: **Chand Lalw Kushawaha.**
 (b) Correspondence Address: **9415011793**

2. THE INSURED VEHICLE

Make & Year Hero/2019	Engine No. 06315 Chassis No. 04465	Registration No. UP57A07318
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- (a) Was the vehicle in proper working condition? **yes**
- (b) For what purpose was the vehicle being used at the time of accident? **personal use**
- (c) Was trailer attached? **NA**
- (d) If trailer was attached:
- 1. Was trailer car attached? **NA**
 - 2. Was trailer trailer carried? **NA**

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (a) Gross Laden weight : _____
- (b) Tare weight : _____
- (c) Weight of Goods carried/Load Challan No. : _____
- (d) Nature of permit : _____
- (e) Name of goods carried : _____
- (f) Was the vehicle plying for hire : _____
- (g) If tractor type tractor, was trailer attached? : _____
- (h) Number of passengers carried : _____
- (i) Number of Passenger permitted : _____

/ **NA**

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver any occupant injured? : N/A
 - (b) If yes, give full details : : N/A
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9. WITNESS

- (a) Give names and addresses of passengers/other witnesses, if any : N/A
 - (b) Did a Police Constable take particulars of the incident? : N/A
 - (c) Was accident reported to Police? If not, Why? : N/A
 - (d) If yes, to which Police Station? : N/A
 - (e) Date and Duty No : N/A
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10. THEFT

- (a) Date and Time : N/A
 - (b) Place : N/A
 - (c) What was stolen? : N/A
 - (d) Estimated cost of replacement? : N/A
 - (e) How was it discovered and reported? : N/A
 - (f) Has it been reported to Police? : N/A
 - (g) Where? : N/A
 - (h) Which Police Station? : N/A
 - (i) Date and Duty Number : N/A
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I/We the undersigned 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 03/06/26

Signature of the insured Chanel Kabo

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Hariendra Kumar
(b) Age :
(c) Sex :
(d) Is he driver :
 (i) Owner :
 (ii) Professional driver?
 (iii) Owner's relative or friend? : yes
(e) If professional driver, how long has he been in your employment :
(f) Was he under the influence of intoxication (alcohol or drugs)? : NA
(g) License Number : UP5719990202166
(h) Issue Date : 17.11.2022
(i) Validity upto : 16.11.2027
(j) Was the license temporary/permanent? : permanent
(k) Details of endorsement/suspension, if any :
(l) Has he ever involved in any accident before? : NA
(m) Has he ever charged by the police? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 02-06-2026, 7:00 pm
(b) Location : Tamkulu Road
(c) Description of vehicle at the time of accident :
(d) Brief description of the accident : वाइक चलते समय अचानक एक वाइक वाले ने मार दिया। जिससे वाइक लेफ्ट राइट साइड जीए गये।
(e) Name of third party was responsible for this accident. Give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Part of vehicle damaged : AS per Estimate
(b) Description of repairs :
(c) Name of the person who damaged vehicle : 3129 RISHABH - MOTORS

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name of injured person :
(b) Age :
(c) Full details of personal injury sustained :
(d) Name and address of any person/hospital who gave medical attention to injured person :
(e) Description of property damaged :
(f) Amount of any claim been given to you? :

NA