

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.	ABHISHEK SINGH 9792713208
2	Vehicle No. / वाहन संख्या	UP57BQ6455
3	Policy No. / पालिसी संख्या	MS/2026/0/46575/571840
4	Period of Insurance / बीमा अवधि	02-04-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-06-2026 03:00 PM
6	Place of Accident / दुर्घटना का स्थान	मोती बाकड़ (ओराहा) से आगे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ABHISHEK SINGH. UP5720260001237 9792713208
8	Estimated Loss / अनुमानित हानि	AS Per estimate
09.	Cause of Accident / दुर्घटना का कारण :	हम ओराहा से बाजार कर के घर आ रहे थे तभी रोड से गांव के तरफ मुड़ रहे थे तो रोड पर एक अचानक एक बच्चा आ गया जिसको बचाने के लिए गाड़ी किनारे मोड़ा तभी मैं एक गड्ढे में लेमर गिराया जिससे गाड़ी क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	-No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	J.P. AUTOMOBILES HATA Kushinagar 9838770755

Date / दिनांक : 04-06-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

आबिशेक सिंह



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/2026/O/46575/571840

Tel. No. _____

Period of Insurance 03-04-2026 To 02-04-2027
 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

- (a) Name : ABHISHEK SINGH
 (b) Address for correspondence : VILL-MOTIPAKAR KABILASANA, POST-MATA
 (c) Telephone : KUSHINAGAR

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOCORP</u> <u>2024</u>	Engine No. <u>HA11E8R4B12442</u> Chassis No. <u>MBLHAW239R4B08913</u>	Registration No. <u>UP57BQ</u> <u>6455</u>
--	--	--

- (a) Was the vehicle in proper working condition? YES
 (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 NO

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 : _____
- NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ **NO**
(b) If yes, give full details : _____

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

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____ **NO**
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

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 04-06-2020

Signature of the insured _____

अभिषेक सिंह

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

Signature *श.प.श.क. मि.ए.*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank