

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.	Deepu 7905247687
2	Vehicle No. / वाहन संख्या	UP31CF3310
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/446670
4	Period of Insurance / बीमा अवधि	13/6/25 to 12/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/06/2026 7:00 Pm
6	Place of Accident / दुर्घटना का स्थान	काशी काभालपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Aurangzeb / UP3120200000403 8874259336
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	कारण यह है कि गाड़ी काभालपुर के पास इलाक़े में जाकर गाड़ी काभालपुर के पास रोड पर टिकी जाकर टिकी है।
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.	रामराम कारो होम महाराज काभालपुर 9151154046

Date / दिनांक : 8/6/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

दीपू

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 No. 19/2001/0146575/ my/our motor Car/Vehicle No. UP31CF 331e insured under Policy No. 115/2025/ of 446670 of _____ I/We give the said company and accident which occurred on or about _____ present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee Revenue Stamp When Amount Exceeds Rs. 5000

975

Witness
Name
Signature

Signature
Occupation
Address

Bank Account Number
Name of the Bank



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

v. Br. Office Address _____

Certificate/Policy No. MS/2005/7001/81465751

Period of Insurance 13/6/25 to 12/6/2008 846670

1. No. _____ 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
 2. THE INSURED VEHICLE
- a) Name : Deepu
 - b) Address for correspondence : Buchhanpur 7905247687
 - c) Telephone _____

Make & Year <u>16/05/2004</u>	Engine No. Chassis No. <u>HA11E7RHE27738</u> <u>MBLHAW217RHE13835</u>	Registration No. <u>UP31CF</u> <u>3310</u>
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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? _____
- (c) Was trailer attached? _____
- (d) If a Motor Cycle/scooter
 1. Was a side-car attached _____
 2. Was a pillion rider carried _____

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

- The following questions need to 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 _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (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

(f) Was he under the influence of intoxication Liquor or drugs?

- (g) Driving Licence Number
- (h) Issuing Authority
- (i) Date of Expiry
- (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
- (b) Place
- (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

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
- (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?

Avsary jeb
Badalachen
relative

UP312020000403
6/01/2020

6/1/2026
at Badalachen 7:00 pm

car driver in driver car 76 front damage
at Badalachen 3am-10am hind in salwar 377 2146
my self claim also 476 47101 197 576 4304

front and Right

[Signature]

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(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 2/6/2026 200

Signature of the insured _____