

सेवा में,  
Oriental Insurance Co Ltd /  
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.	JAINENDRA PRATAP CHAND 9956387572
2	Vehicle No. / वाहन संख्या	UP53EF9479
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	25/06/2025 to 24/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/06/2026 1:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	तरकुल्ला मन्दिर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JAINENDRA PRATAP CHAND UP5320160024461, 9956387572
8	Estimated Loss / अनुमानित हानि	16351
09.	Cause of Accident / दुर्घटना का कारण :	धर्मशाला बाजार से तरकुल्ला मन्दिर जाते वक्त मोटर के पास आने से ड्राइवर ने गैर साइड आकार टक्कर मार ली जिससे गाड़ी अनिर्णय स्थिति में साइड गेट गई और सले गारस्त हो गई उस समय गाड़ी अनिर्णय प्रतीति चक्रे चल रही थी
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.	D.P. MOTORS MAMM Engrg College 9835410811

Date / दिनांक : 9/6/2026  
हस्ताक्षर / J.P.Chand

J.P.Chand  
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

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. MS/2025/7001/0/46575/451641

Tel. No. \_\_\_\_\_

Period of Insurance 25/06/2025 to 24/06/2026  
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 : JAINENDRA PRATAP CHAND  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>22/JUN/2022</u>	Engine No. <u>69611</u> Chassis No. <u>91728</u>	Registration No. <u>UP53EF</u> <u>9479</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? Personal  
(c) Was trailer attached? No  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached No  
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 : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Jainendra Pratap chand  
(b) Age : 15/07/1996  
(c) Address :  
(d) Is the Driver :  
1. Owner : owner.  
2. paid driver?  
3. Owner's relative or friend?  
(e) If paid driver, how long has he been in your employment : No  
(f) Was he under the influence of intoxication Liquor or drugs? : No  
(g) Driving Licence Number : UP5320160029461  
(h) Issuing Authority : G029Khpur  
(i) Date of Expiry : 15/12/2036  
(j) Was the licence temporary/permanent : 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 : 06/06/2026 1:00 PM  
(b) Place : सरकुवाही मन्दिर  
(c) Speed of vehicle at the time of accident : 25-30 km/h  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address : रोना सक्क से PM दुलार कोल से लम्बा मल सि 244  
मिसल को 2118 अमिताभ से मल कोल से लम्बा मल सि 244  
श्रीवाही रोड के पास

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate.  
(b) Estimated cost of repairs : 16351  
(c) When and where can the damaged vehicle be inspected : D.P. MOTORS

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 : An  
(e) Full details of property damaged :  
(f) Has notice of any claim been given to you? :



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 *J.P. Chandel* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....