

To / सेवा में,

The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Ashu Devi 8354043489
2	Vehicle No. / वाहन संख्या	UP31BR1552
3	Policy No. / पालिसी संख्या	ms/2022/70010/46575/448479
4	Period of Insurance / बीमा अवधि	15/6/2020 to 14/6/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/6/2026 3:00 Pm
6	Place of Accident / दुर्घटना का स्थान	शुभल, अशोक एन
7	Name of the Driver, D.L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sureaj Chauhan / UP312023 0605248
8	Estimated Loss / अनुमानित हानि	13620/- 7408666644
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञानता वरुन पुराना कार रेंड न कर शुभल अशोक एन अचानक रुकने से अचानक आधी पुराने गाडी एम्वल एम्वल ड्राइवर का डेक्कन एट अर्थ
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फोन नं.	N/A Munivara Munivara Munivara 9151154046

Date / दिनांक : 14/6/26
हस्ताक्षर

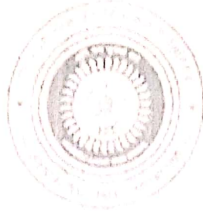
Signature of Insured / बीमाधारक के
प्रताप सिंह

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. UP 31 BR 1552 insured under Policy No. MS/2005/7001/046575/
of 448979
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 .. 31/2/11 407
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

Div. Br. Office Address _____

Certificate/Policy No. mg/2025/7001/6/46578/448979

Tel. No. _____

Period of Insurance 15/6/25 to 14/6/26

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 : Asha Devi
(b) Address for correspondence : Maksaha Khambhan Khers
(c) Telephone : 8354043489

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>01/Jun/2021</u>	Engine No. Chassis No. <u>HA11EDMC04024</u> <u>MBLHAW128MHC1S140</u>	Registration No. <u>UP31BR</u> <u>1552</u>
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- a) Was the vehicle in proper working condition?
- b) For what purpose was the vehicle being used at the time of accident? YS
- c) Was trailer attached?
- d) If a Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried

ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

-) Registered laden weight
-) Unladen Weight
-) Weight of goods carried/Load Challan No.
-) Nature of permit
-) Nature of goods carried
-) Was the vehicle plying for hire
-) If Lorry/Jeep/Tractor, was trailer attached?
-) Number of passengers carried
-) Number of Passenger permitted

[Handwritten signature]



2. DRIVER AT THE TIME OF ACCIDENT

(a) Name Sujay Chandra
(b) Age 28
(c) Address Barua Flura
(d) Is the Driver
1. Owner
2. paid driver
3. Driver (relatives or friend)
relative
(e) If paid driver, how long has he been at your employment
(f) Was he under the influence of intoxication, liquor or drugs?
(g) Driving License Number UP31 2022 0605248
(h) Issuing Authority
(i) Date of Expiry 31/12/2028
(j) Was the license 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 police? If so, Why?

4. OTHER INSURANCE

Details of other insurance Policies underwriting any risk in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time 7/6/26 3:10 PM
(b) Place 25/11/11 - 1st floor
(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
gaurav is a agent of the car of his
debt 30000 of his if his partner debt of
debt 20000 from debt car responsible
Hawl

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage Crack and Bore
(b) Estimated cost of repairs 13620/-
(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?
Up

6. POLICY INTEREST PART

(a) Was driver any accomplice involved? _____
(b) If yes, give full details _____
Gu

7. WITNESS

(a) Give names and addresses of passengers, other witnesses, 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. _____
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8. 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 Police Station? _____
(i) C.R. diary Number _____
Gu

I/we the above named insured(s), in the best of my/our knowledge and belief, signing 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 or any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of past or future accident shall be forfeited.

Date 14/6/20 200

Signature of the insured *अना देवी*