

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.	पनेलाल 9198223103
2	Vehicle No. / वाहन संख्या	UP 53 FJ 7390
3	Policy No. / पालिसी संख्या	252400/31/2026/23067
4	Period of Insurance / बीमा अवधि	16/06/2025 TO MIDNIGHT OF 15/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/06/2026 सुबह 9 बजे
6	Place of Accident / दुर्घटना का स्थान	लहसड़ी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	पनेलाल UP 53 20150029484 9198223103
8	Estimated Loss / अनुमानित हानि	16/51
09.	Cause of Accident / दुर्घटना का कारण: हल्काबाद से गोरखपुर जाते समय लहसड़ी के पास पिछे से आ रहे वाहन वाले ने मेरी गाडी मे पिछे से तेज रफ्तार में मेरी गाडी मे टक्कर मारू दिया जिससे मेरी गाडी डिस्कबलेस होकर बायें तरफ गिर कर क्षतिग्रस्त हो गई उस समय गाडी पनेलाल चला रहे थे ।	
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 /फोन नं.	D.P.MOTORS गगन Engg College 9835410811

Date / दिनांक : 10-06-26
हस्ताक्षर

पनेलाल

Signature of Insured / बीमाधारक के

पनेलाल





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. 252400/31/2026/23067

Tel. No. _____

Period of Insurance 16/06/2025 to 15/06/2026
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 : प-नलाल
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>18/06/2025</u>	Engine No. <u>HA11F7S4F00626</u> Chassis No. <u>MBLHAW484S4F00888</u>	Registration No. <u>UP53FJ</u> <u>7390</u>
---	--	--

(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 : पनेलाल
(b) Age : 34 वर्ष
(c) Address : हनुमानगढ़ (पन्ना) पोस्ट 5 डी.पी.पार्
(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 : UP53 20150029484
(h) Issuing Authority : आर.टी. गोरखपुर
(i) Date of Expiry : 19/10/2035
(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 : 04/06/2026 सुबह 9 बजे
(b) Place : रिपेड 30 लहसडी
(c) Speed of vehicle at the time of accident : लहसडी
(d) Give a short description of the accident : पिछ से आ रही वाहन बल्लू ने मेरी गाड़ी में टक्कर मारी
(e) If any third party was responsible for this accident give the name and address : पिछ से मेरी गाड़ी बाय तरफ गिरकर क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS Per Estimate
(b) Estimated cost of repairs : 16151
(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 : N/A
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

ASAD
27/30/21

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 [Handwritten Signature]

Occupation

Address

Bank Account Number

Name of the Bank

