

/सेवा में,
The Oriental Insurance Co Ltd /
दिए 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.	MUKESH KUMAR TRIPATHI 993665 7767
2	Vehicle No. / वाहन संख्या	UP53 FL 5095
3	Policy No. / पालिसी संख्या	29/05/2025 to 28/05/2026 —
4	Period of Insurance / बीमा अवधि	25.2400 25.2400/31/2026/387/19
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/06/2026 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	एल.एम.ए.एम. फ्लैट के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP53 2023 0035 299 / 993665 776 Mukesh Kumar Tripathi
8	Estimated Loss / अनुमानित हानि	11286
09.	Cause of Accident / दुर्घटना का कारण :	स्वयं चलाया हुआ वाहन से अचानक टिबरी धर जाते समय स्वयं चलाया हुआ वाहन के पास से ट्रक के पास मुड़ते वक़्त सामने आ रहा ट्रक ने हल्का-भार दिया जिसके कारण गाड़ी दाईं साइड गिर गई और टिबरी हस्त छोड़ उस समय मुकेश कुमार त्रिपाठी गाड़ी चला रहे थे।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	D.P. Motor M.M.M. Engr. College. 9835 410811

Date / दिनांक :

हस्ताक्षर / 10/06/2026

Mukesh Kumar Tripathi

Mukesh Kumar Tripathi
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. 252400/31/2026/38719

Tel. No. _____

Period of Insurance 29/09/2025 to 28/05/2026
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 : Mukesh Kumar Jaiswal
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>32233</u> Chassis No. <u>31266</u>	Registration No. <u>UP53 FL 5055</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 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? : N/A
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____



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? : _____ N/A ✓
- (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? : _____ N/A ✓
- (g) When? : _____
- (h) Which Police 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 10/06/2026 200

Signature of the insured Mukesh Kumar Tripathi

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 *M. N. K. Kumar. J. Pathi*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank