

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.	Vitin 6393809260
2 Vehicle No. / वाहन संख्या	UP76AW1307
3 Policy No. / पालिसी संख्या	252400/31/2026/38116
4 Period of Insurance / बीमा अवधि	26/09/25 - 25/09/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	09/06/26 - 4:30 PM
6 Place of Accident / दुर्घटना का स्थान	क्यामगंज रोड
7 Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vitin UP7620200013017
8 Estimated Loss / अनुमानित हानि	16360/-
9 Cause of Accident / दुर्घटना का कारण:	कारण: कार का ब्रेक फेल हो गया था और कार ने एक गड्ढे में जा गिरा। शुद्ध ब्रेक वाले हैं। टकराव भाग की ओर गयी जहाँ टिल्ट हो गया और क्षतिग्रस्त हो गया।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	Gupta Auto Dealers 7442 Bash Pur Farmkhabad 8874481234

Date / दिनांक : 11/06/26
हस्ताक्षर

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

Dist. Br. Office Address _____ Certificate Policy No. 25400/31/2026/38116
 Tel. No. _____ Period of Insurance 23/09/25 - 25/09/26
 Claim No. _____

THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (1) Name Mitin
 (2) Address for correspondence Barna Kheer Sithauli Farukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JA07A25962038</u> Chassis No. <u>MBLJAW511S9605250</u>	Registration No. <u>UP76AW</u> <u>1307</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 use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter no
 (e) Was a side car attached no
 (f) Was a pillion rider carried no

3. 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 Chit/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 Passengers permitted

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3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Vitin RC
 (b) Age: 26
 (c) Address: Bama Khurd Sittaudi Farrukhabad
 (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: NA
 (f) Was he under the influence of intoxication (Liquor or drugs?): NO
 (g) Driving Licence Number: UP7620200013017
 (h) Issuing Authority: Farrukhabad
 (i) Date of Expiry: 31/12/2039
 (j) Was the licence temporary permanent: Permanent
 (k) Details of endorsement/suspension, if any: NO
 (l) Has he been involved in any accident before?: NO
 (m) Has he been charged by the police? If so, Why?: NO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time: 09/06/26 - 4:30 PM
 (b) Place: आमहासक रोड
 (c) Speed of vehicle at the time of accident: 200
 (d) Give a short description of the accident: मोटरवाहन को आमहासक रोड पर लाइन में बाइक वाहन ने टक्कर मार दी जो कि मोटरवाहन के ड्राइवर को घायल कर दिया और मोटरवाहन भी क्षतिग्रस्त हो गया।
 (e) If any third party was responsible for this accident give the name and address: सोनीया जी. 1/1/1

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: As per Estimate
 (b) Estimated cost of repairs: 16360/-
 (c) When and where can the damaged vehicle be inspected: Gultra Auto Dealers Farrukhabad

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?

NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NA

9. WITNESS

- (a) Give names and addresses of passengers/other witness, if any

- (a) Did a Police Constable take particulars of the accident?

- (a) Was accident reported to Police? If not, Why?

- (a) If yes, to which Police Station?

- (a) Date and Diary No.

NA

10. THEFT

- (a) Date and Time

- (a) Place

- (a) What was stolen?

- (a) Estimated cost of replacement?

- (a) By whom discovered and reported?

- (a) Has theft been reported to Police?

- (a) When?

- (a) Which Police Station?

- (a) C.R. diary Number

NA

I, the above named do hereby, to the best of my own 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 past or future accident shall be forfeited.

Date 11/06/20 200

मितीन
Signature of the Insured

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. 76AL307 insured under Policy No. 252400/06/2026/38116
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
Reverses Stamp
When Amount
Exceeds Rs. 5000

Witness
Name
Signature
Address

Signature P.P.P.P.
Occupation
Address

Bank Account Number
Name of the Bank