

JC-1666

11/6/26

10494 W.M.
संवेदीय-कुमार

सेवा में
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरस कंपनी लिमिटेड

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

श्री / 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.	संवेदीय-कुमार (8446 876445)
2	Vehicle No. / वाहन संख्या	UP 74 AP 7252
3	Policy No. / पालिसी संख्या	252400-21-2026-37054
4	Period of Insurance / बीमा अवधि	23-3-2025 से 22-3-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8-06-2026 08-06-2026 समय 7:30
6	Place of Accident / दुर्घटना का स्थान	विषी-मेडियाल कॉलेज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	संवेदीय-कुमार WUP 74 2025 0000 3950 16490
8	Estimated Loss / अनुमानित हानि	विषी मेडियाल कॉलेज के
09	Cause of Accident / दुर्घटना का कारण :	दावा आवेदन के उद्घाटन के बाद विषी पक्ष के अधिन के प्रकार से मेरी गाड़ी Dis- होकर फिर गाड़ी इस समय मेरी गाड़ी संवेदीय-कुमार चला रहा है.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA विषी- मेड मे डिसे
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(8707693225)

संवेदीय - कुमार

Date / दिनांक : 11-06-2026
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

Div. Br. Office Address मेरठ

Certificate/Policy No. 2S 24000-31-2026-37054

Tel. No. _____

Period of Insurance 23-9-2025 से 22-9-2026

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 श्रीमती सुनील कृष्ण शर्मा
 (b) Address for correspondence प्लॉट नं. 1, गेट नं. 1, पंचसरोवर, मेरठ
 (c) Telephone 8176976445

2. THE INSURED VEHICLE

Make & Year <u>HERO-2025</u>	Engine No. = <u>FA11FB5HG 36060</u> Chassis No. = <u>MBLHAL0330SHG 3479S</u>	Registration No. <u>UP 74 AP 7252</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? = NA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached = NA
 2. Was a pillion rider carried = NA

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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : संजीव - कुमार
(b) Age : 16-03-2004
(c) Address : सियापुरी बिल्डी का-नेहा
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP 74-2025 000 3950
(h) Issuing Authority : 2S-4-2025
(i) Date of Expiry : 15-3-2044
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any : NA
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 8-06-2026 शाम 7:30
(b) Place : बिल्डी - मोडकला काकोल
(c) Speed of vehicle at the time of accident : 30K.M
(d) Give a short description of the accident : काकोल के पास मोडकला से
(e) If any third party was responsible for this accident give the name and address : अज्ञानक शरी बिकला वडा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AR - PDA Exhthalmal
(b) Estimated cost of repairs : 16490
(c) When and where can the damaged vehicle be inspected : बिल्डी - मोडकला बिल्डी

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 _____
(b) Did a Police Constable take particulars of
The accident? _____
(c) Was accident reported to Police? If not, Why? : _____ **NA**
(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? _____ **NA**
(g) When? _____
(h) Which Policy 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 11-6-026

Signature of the insured

संदीप - धार

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 संदीप - कुमार
Occupation कृषि
Address चेतसुखी पंच तिर्था
का. नो. ७

Bank Account Number
Name of the Bank