

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.	Ramnikivas 9042889553
2 Vehicle No. / वाहन संख्या	UP76AV 5837
3 Policy No. / पालिसी संख्या	252400/31/2026/23533
4 Period of Insurance / बीमा अवधि	18/06/25 - 17/06/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	10/06/26 - 7:30 PM
6 Place of Accident / दुर्घटना का स्थान	कमल गंज रोड
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Rahul Kumar UP76 20250009396
8 Estimated Loss / अनुमानित हानि	100000/-
09. Cause of Accident / दुर्घटना का कारण :	कमल गंज से यात्रात गंज जाते समय अचानक सामने छुटता आ गया उसे लेचाने के पथक में प्रेरी जाती गिर गयी
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 फ़ोन नं.	Gupta Auto Dealers 74012 Bashpur Farukhabad

रामनिवास

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/06/26

हस्ताक्षर



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

To: Br Office Address _____

Certificate Policy No. 252400/31/2026/23533

T.V. No. _____

Period of Insurance 18/06/25 - 17/06/26

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

(1) Name Ramnivas

(2) Address for correspondence _____

(3) Telephone _____

68 mahmudpur yaqut gani Farukhabad

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HANF7SHE36619</u> Chassis No. <u>MBLHAW4BS5HE56490</u>	Registration No. <u>UP76 AV</u> <u>5837</u>
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- (1) Was the vehicle in proper working condition? Yes
- (2) For what purpose was the vehicle being used at the time of accident? Personal use
- (3) Was trailer attached? _____
- (4) If a Motor Cycle/scooter:
- 1. Was a side-car attached? NO
 - 2. Was a pillion rider carried? NO

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (1) Registered laden weight
- (2) Unladen weight
- (3) Weight of goods carried (Load Chart No. _____)
- (4) Nature of payload
- (5) Nature of goods carried
- (6) Was the vehicle plying for hire
- (7) If Lorry/Jeep/Tractor was trailer attached?
- (8) Number of passengers carried
- (9) Number of Passengers permitted

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: **Rahul Kumar**
 (b) Age: **25**
 (c) Address: **Mahmoodpur Chaupur Yashwanthi Farukhabad**
 (d) Is the Driver:
 1. Owner
 2. paid driver
 3. Owner's relative or friend? **Relative**
 (e) If paid driver, how long has he been in your employment: **N/A**
 (f) Was he under the influence of intoxication (Liquor or drugs)? **N/O**
 (g) Driving Licence Number: **UP2620250009396**
 (h) Issuing Authority: **Farukhabad**
 (i) Date of Expiry: **28/05/2011**
 (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 policy? 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: **10/06/26 - 7:30 PM**
 (b) Place: **ममाला स्टिक रोड**
 (c) Speed of vehicle at the time of accident: **35**
 (d) Give a short description of the accident: **ममाला स्टिक से यात्रा करत होते समय अचानक सामने एक गाडी उभर आया और बचाने की चरणल में गरी जाती फिर जमी**
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: **AS Per Estimate**
 (b) Estimated cost of repairs: **10000/-**
 (c) When and where can the damaged vehicle be inspected: **Gupta Auto Dealer 740/2 Farukhabad**

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? **N/A**

8. INJURY TO DRIVER/OCCUPANT

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

nil

9. WITNESS

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

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

nil

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

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

- (a) 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?
- (g) When?
- (h) Which Police Station?
- (i) C.R. diary Number

nil

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 past or future accident shall be forfeited.

Date 12/06/26 200

Signature of the insured
21/11/27

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. 76AV5837 insured under Policy No. 252400/31/2026/25533
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

21/11/21

Witness
Name
Signature
Address

Signature
Occupation
Address
.....

Bank Account Number
Name of the Bank