

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.	Savita 9356170078
2	Vehicle No. / वाहन संख्या	UP53EW 6727
3	Policy No. / पालिसी संख्या	MS/2026/70004/0/46575/570469
4	Period of Insurance / बीमा अवधि	13/02/2026 TO 12/02/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/05/2026 02:00 बजे PM
6	Place of Accident / दुर्घटना का स्थान	Malanhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ram Bachan PB-1020050385387
8	Estimated Loss / अनुमानित हानि	10196/-
9	Cause of Accident / दुर्घटना का कारण : मैं राम बचन अपनी स्कूटर लेकर माहलनपुरा से घाटपिपरासी के लिए आ रहा था, माहलनपुरा से 100 मी. आगे आते पर एक बार्डिंग वाली लैजी से गाड़ी अटकते हुए मेरी गाड़ी को साइड में फिसा, जिससे मैं बचते-बचते समझिके सड़क किनारे झाड़ियों के बीच एक खम्भे से टकरा गया, जिससे मेरी गाड़ी क्षतिग्रस्त हो गयी. जब जांचक पुरुष भी कुछ अंदाज़नी छोड़ नी आ गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
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.	Kamla Motors Kuni Bazar 8756523330 8756523330

Date / दिनांक : 12/06/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

सविता



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 Meerute Certificate/Policy No. _____
 Tel. No. _____ Period of Insurance 12/02/2027
 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 : Savita
 (b) Address for correspondence : Vill- Piparsandi, P.S- Belghat, G.K.P
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>HA 5 FIGEPP6F01762</u> Chassis No. <u>MBLSFW592PGF00579</u>	Registration No. <u>UP33EW</u> <u>6727</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? 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 : _____

No

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ram Bachan
 (b) Age : 58
 (c) Address : Piparsand, Belghat Gorakhpur
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : Father
 (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 : PB-1020050385387
 (h) Issuing Authority : 11/12/2025
 (i) Date of Expiry : 30/12/2030
 (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 : 28/05/2026 02:00 PM
 (b) Place : Malahanpur
 (c) Speed of vehicle at the time of accident : 30-35
 (d) Give a short description of the accident : GT GREAT DICKA FI MISS DICKA KE MATI
 (e) If any third party was responsible for this accident give the name and address : 2197 FI ZOHAL

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : At Estimate
 (b) Estimated cost of repairs : 10396/-
 (c) When and where can the damaged vehicle be inspected : Kamla Motors Kuni Bazar

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 : NO/
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : yes Normal
(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? : _____
(c) Was accident reported to Police? If not, Why? : NO
(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? : NO
(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 12/06/2026 200

Signature of the insured

सविता

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 सविता
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

MOB- 7897502272, 8756523330

GSTIN-09ABDFK0524H1ZK

KAMLA MOTORS



NEAR INDIAN OIL PETROL PUMP BALUA BHAWANI BAXSINGH, KURI BAZAR, BELGHAT,
GORAKHPUR UTTAR PRADESH-273404

Delay Letter

Date 12/06/2026

श्री. श्री.

The Orienta Insurance Company LTD.

श्री. रामबचन अपनी स्कूटर लेकर मालहनपार से खर पिपलपानी के लिए आ रहा था, मालहनपार से 100 मी. आगे आते पर एक बाईक वाला तेजी से गाड़ी बहराते हुए मेरी गाड़ी को साइड भाट दिया, जिससे श्री. बचन-बचन सड़क किनारे झाड़ियों के बीच एक खम्भे से टकरा गया, जिससे मेरी गाड़ी क्षतिग्रस्त हो गयी, जबकि मुझे भी कुछ अंदरूनी चोट भी आ गयी, जिससे श्री. पास के मेडिकल हॉस्पिटल में कुछ दर्द की दवा लेकर चला आया और अपने ग्रुप बोलघाट में आकर डॉक्टर से दिखाकर दवा करवाकर खर चला आया मेरी खर पर मेरी लड़की की शादी 31/05/2026 को थी शादी में व्यस्तता होने के कारण श्री. क्लेम नहीं करा सका। अको समय मिलने पर श्री. कमला मोटर्स पर क्लेम करने आया हूँ। यह दुर्घटना - 28/05/2026 को हुई थी।

Cust. sig: → Ram Bachan

Reg No: UPS3EW 6727





आयुर्व हॉस्पिटल



पता : बेलघाट ब्लॉक से 50 मीटर पूरब

Mob. : 9559947933, 7394877023

डॉ० एस० के० गौतम

(MD. (Y.N.)-A.B.P.C.P. Delhi)

रजि.नं- CPO/1908594

डॉ० ए० वी० सिद्दीकी

(BUMS लासिक, मुम्बई)

डॉ. उषा पाठक

(BAMS, स्त्री एवं प्रसूती रोग विशेषज्ञ)

Pt. Name : Mrs. Rambhau

Age : 54y

Sex : M

Add : Pifera Sudi

Date : 28/05/20

B. P. -

SPO₂-

HR -

ADVISE

C.B.C.

Widal

M.P.

L.F.T.

K.F.T.

R.B.S.

etc

E.C.G.

U.S.G.

X-RAR

*Ch. Pulmonary Infection
Rx*

Re.

*Tab Rakti DR BTD
Tab Almoz cu 625 BTD
Tab - Lincice 500mg BTD
Tab - Zuro del SP BTD
Tab - Linc 500mg 10ml BTD*

15 day



सुविधाएँ : ECG., Blood Test, Nebuliser, Normal delivery etc.

Note : Emergency Service 24x7 days.

DRx M.D.- M.K. Idrishi (Mun)

Not For Medicolegal Purpose.