

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.	दिलीप शर्मा 8896210155
2	Vehicle No. / वाहन संख्या	UP53FK 3767
3	Policy No. / पालिसी संख्या	252400/31/2026/29161
4	Period of Insurance / बीमा अवधि	22-7-25 - 21-7-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	नौराड चौराहा 7-6-26 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	नौराड चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Deepak SHARMA 8896210155 UP 202400 27661
8	Estimated Loss / अनुमानित हानि	6702
09.	Cause of Accident / दुर्घटना का कारण :	मॉडिकल रोड से भैसा बाजार गाडी लेबू (दिलीप शर्मा जा रहे थे) नौराड चौराहे के पास राउंड क्रॉस करते समय आर एलबी पिछे से ठोकर मार दिया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फोन नं.	नया मोटर्स गोरखपुर नौराड उ.प्र 273001 6386521396

Date / दिनांक : 12/06/2026

हस्ताक्षर

दिलीप शर्मा

Signature of Insured / बीमाधारक के

दिलीप शर्मा



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name Deepak Shung
- (b) Age 37
- (c) Address Jigina babu BHISHA, Bagga, Gurgaon
- (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

- (f) Was he under the influence of intoxication (Liquor or drugs?)
- (g) Driving Licence Number UP53 20240027661
- (h) Issuing Authority gurgaon
- (i) Date of Expiry 14-1-2037
- (j) Was the licence temporary/permanent? permanent
- (k) Details of endorsement/suspension, if any
- (l) Has he been involved in any accident before?
- (m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time 7-6-26, 07100 PM
 - (b) Place 0-30 kmph
 - (c) Speed of vehicle at the time of accident
 - (d) Give a short description of the accident
 - (e) If any third party was responsible for this accident give the name and address
6. DAMAGE TO INSURED VEHICLE
- AS PER ESTIMATED
- NAVYA MOTORS GORAKHPUR
- 6702

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?
- 1 MVA

8. INJURY TO DRIVER/OCCUPANT

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

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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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

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

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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 2:00

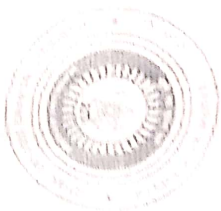
Signature of the insured [Signature]

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 *गोपाल शर्मा*

Occupation

Address

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Bank Account Number

Name of the Bank