

/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.	ARVIND KUMAR 7348078267
2	Vehicle No. / वाहन संख्या	UP53FP 1896
3	Policy No. / पालिसी संख्या	252400/31/2026/62369
4	Period of Insurance / बीमा अवधि	24/11/2025 - 23/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/06/2026 07:30 PM
6	Place of Accident / दुर्घटना का स्थान	VILLAGE - BALUA POST CHILUA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SANNI CHAUDHARI, UP5720250014616 Mob. +91 8957331454
8	Estimated Loss / अनुमानित हानि	23025
09.	Cause of Accident / दुर्घटना का कारण :	तिनवाद्य वाजार से मार्केट करके वलुआ के लिए जा रहे थे। तिनवाद्य वाजार से आ रहे थे वार्डक वाले ने सामने दाहिने तरफ से टक्कर मार दिया जिससे मेरी गाड़ी डिप वेलेय होकर पढ़िने तरफ गिर कर क्षतिग्रस्त हो गई उस समय गाड़ी सन्नी चौधरी चला रहे थे।
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 / फोन नं.	DoP. MOTORS MAMM Engg College 9835410811

Date / दिनांक : 14/6/2026
हस्ताक्षर

Arvind Kumar

Signature of Insured / बीमाधारक के

Arvind Kumar



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 _____

Certificate/Policy No. 252400/31/2026/62369

Tel. No. _____

Period of Insurance 24/11/25 To 23/11/26
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
(a) Name : ARVIND KUMAR
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HAT1F6SHL40616</u>	Registration No. _____
	Chassis No. <u>MBLHAW460SHL70029</u>	<u>UP53FP1896</u>

(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? 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 : _____

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SAMNI CHAUDHARI
 (b) Age : 12-01-2006
 (c) Address : BELWA BALWA POST CHILWA
KUSHINAGAR (U.P)
 (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 : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP57 20250014616
 (h) Issuing Authority : KUSHINAGAR
 (i) Date of Expiry : 11-01-2046
 (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 : 04-06-2026 07:30 PM
 (b) Place : BALWA POST CHILWA
 (c) Speed of vehicle at the time of accident : 35 KMPH
 (d) Give a short description of the accident : हामने ए आ रहे वाट चाले ने पहिले लफ से लमा
 (e) If any third party was responsible for this accident give the name and address : भाट 19 भा जिलसे गाडी क्षतिग्रस्त हो गमा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As Per Estimate
 (b) Estimated cost of repairs : 23025
 (c) When and where can the damaged vehicle be inspected : D. P. MOTORS

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 : NA
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

6/12/26,

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 *Arvind Kumar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank