

5C-1745

3942R-11
अभिलेख

15/6/26

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.	अशोक - सिंह (9415224392)
2	Vehicle No. / वाहन संख्या	UP 74AP 7762
3	Policy No. / पालिसी संख्या	252400-31-2026-38429
4	Period of Insurance / बीमा अवधि	27-9-2025 से 26-9-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-06-2026 शाम 7:00
6	Place of Accident / दुर्घटना का स्थान	विवा - सिडवल - कलेज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विजय - सिंह (UP 74-20080009816)
8	Estimated Loss / अनुमानित हानि	15030
09.	Cause of Accident / दुर्घटना का कारण :	विवा - सिडवल कलेज के पास जारी से उधा-पा E स्थिति वया पिवाल पडा उसको बधाने के प्रकार से सेरी गडी गड - B0000000 डेकर गिर गयी उक्त समय सेरी गडी अलय - सिंह वया सेरी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA विवा - सिडवल सिटी
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(8707693225)

Date / दिनांक : 15-6-2026
हस्ताक्षर

अशोक - सिंह
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. 252400-31-2026-38429
 Tel. No. Period of Insurance 27-9-2025 से 26-9-2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : पञ्चमिनी जीविका विमा कर्मीज
 (b) Address for correspondence : पञ्चमिनी जीविका विमा कर्मीज
 (c) Telephone : 9415274399

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. = <u>JH07AZS9072060S</u> Chassis No. = <u>mBLJALDS 23S3 H00479</u>	Registration No. <u>UP 74 AP 7762</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? = पैनाल
 (c) Was trailer attached? - NA
 (d) If: 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 : ARJAY - SINGH
(b) Age : 7
(c) Address : फरिदाबाद रोड विष्णु कॉलोनी
(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 : UP7420080009816
(h) Issuing Authority : 13-3-2026
(i) Date of Expiry : 23-3-2028
(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 : 13-06-2026 सप्ताह 7:00
(b) Place : विष्णु - मेडिकल कॉलेज के पास
(c) Speed of vehicle at the time of accident : 30K.M
(d) Give a short description of the accident : विष्णु मेडिकल कॉलेज के पास जाते से अचानक E दिक्कत
(e) If any third party was responsible for this accident give the name and address : मिथला पडा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS - Per Estimated
(b) Estimated cost of repairs : 15030
(c) When and where can the damaged vehicle be inspected : विष्णु - मेडिकल कॉलेज

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? :

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? : _____
(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? _____
(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 15-6-096

Signature of the insured अमित - सिंह

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 अमित - सिंह
Occupation ड्राइवर
Address काठवाड़ा लखनऊ बिहार
..... काठवाड़ा

Bank Account Number
Name of the Bank