

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.	Veer Pratap Singh 7897241276
2 Vehicle No. / वाहन संख्या	UP76AV7125
3 Policy No. / पालिसी संख्या	252400/31/2026/26869
4 Period of Insurance / बीमा अवधि	09/07/25 - 08/07/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	13/06/26 - 7:45 AM
6 Place of Accident / दुर्घटना का स्थान	बेवर रोड
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Rajan Singh UP7620200002680
8 Estimated Loss / अनुमानित हानि	20720/-
09. Cause of Accident / दुर्घटना का कारण:	भैरपुरी से लखीमनगढ़ जाते समय सामने से E रिश्बा वाल ने टक्कर मार दी जोर मेरी गाड़ी फिर गाड़ी में क्षतिग्रस्त हो गयी।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12 Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	Gupta Auto Dealers 740/2 Bashpur Farukhabad 8874481234

Date / दिनांक : 16/06/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

Veer Pratap Singh



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

Dr. Br. Office Address _____

Certificate/Policy No. 252404/31/2026/26869

Tel. No. _____

Period of Insurance 09/07/25 - 08/07/26

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 _____

Veer Pratap Singh

(2) Address for correspondence _____

Mahamadpur Rajapur Gandhi Farrukhabad

(3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HALIFUSHD76835</u>	Registration No.
	Chassis No. <u>MOLHAW438SHD10217</u>	<u>UP76AV 7125</u>

- (1) Was the vehicle in proper working condition? Yes
- (2) For what purpose was the vehicle being used at the time of accident? Prasand 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 Challan No.
- (4) Nature of petrol
- (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

MA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Rajan Singh
 (b) Age: 27
 (c) Address: Somvanshi Mahamadpur Farukhhabad
 (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: UP7620200002680
 (h) Issuing Authority: Farukhhabad
 (i) Date of Expiry: 19/10/2039
 (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: 13/06/26 - 7:45 AM
 (b) Place: बारा 275
 (c) Speed of vehicle at the time of accident: ना पता है
 (d) Give a short description of the accident: मोटर गाड़ी में सवारों के बीच झड़प के कारण हादसा हुआ
 (e) If any third party was responsible for this accident give the name and address: ना पता है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 2020/-
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealers Farukhhabad

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?

[Handwritten signature]

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.

NA

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

NA

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 16/06/26 2/8

Signature of the insured

veer prateef singh

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. 76AV7125 insured under Policy No 252400/30/2026/26869
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 ... vee. prateep. singh
Occupation
Address

Bank Account Number
Name of the Bank