

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.	AJIT KUMAR 8960473497
2	Vehicle No. / वाहन संख्या	UP74AP4261
3	Policy No. / पालिसी संख्या	252400 31 2026 27955
4	Period of Insurance / बीमा अवधि	15/07/2025 To 14/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/06/2026 04.00PM
6	Place of Accident / दुर्घटना का स्थान	गोहिया पार्क के निकट मानपुर रोड कानौज
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRIYANSHU KATIYAR 9305536705 UP7420220002161
8	Estimated Loss / अनुमानित हानि	11630 = 00
09.	Cause of Accident / दुर्घटना का कारण :	मेरा भतीजा (बड़े भाई का लड़का) मानपुर जा रहा था कि गोहिया पार्क के निकट नगर पोलिका द्वारा पानी लेंदु पाइप लाइन पड़ रही थी जिसके पाइप पर स्कुटी चढ़ने के कारण अनियंत्रित होकर स्कुटी स्लिप हो गई और सीधे हाँथ की तरफ गिरकर क्षतिग्रस्त हो गई।
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.	ASHA MOTORS ASHOK NAGAR KANNAUJ- 209725 7571902003

Date / दिनांक : 18/06/2026
हस्ताक्षर

अजीत कुमार
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 _____

Certificate/Policy No. 252400/31/2026/27955

Tel. No. _____

Period of Insurance 15/07/2025 To 14/07/2026
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 : AJIT KUMAR
(b) Address for correspondence : C/O MADHU SUDHAN, MITRASENPUR KANNAUJ
(c) Telephone : 8960473497

2. THE INSURED VEHICLE

Make & Year <u>HMC LTD./2025</u>	Engine No. <u>JF17EUSGF09073</u> Chassis No. <u>MBLJFW711SGF01125</u>	Registration No. <u>UP74AP 4261</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 T ory 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 : PRIYANSHU KATIYAR
 (b) Age : 23 YEARS
 (c) Address : MITRASEN PUR KANNAUTJ - 209727
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : YES (BROTHER'S SON)
 (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 : UP74 20220002161
 (h) Issuing Authority : ARTO-KANNAUTJ
 (i) Date of Expiry : 17-07-2043
 (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 : 16-06-2026 04:00PM
 (b) Place : गोहिमा पार्क के निकट मानपुर रोड कानौज
 (c) Speed of vehicle at the time of accident : 30 km.
 (d) Give a short description of the accident : अर्थात् मानपुर जा रहा था कि मानपुर में गोहिमा पार्क के निकट नगरपालिका के पेटे पाइप पर + कुली चढ़ कर अचानक ही टकरा हुआ कर गिरा गयी
 (e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 11630=00
 (c) When and where can the damaged vehicle be inspected : ASHA MOTORS KANNAUTJ

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? : NO
(b) If yes, give full details : NO

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? : NA
(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? : NA
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police 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 10/06/2026

Signature of the insured अजीत कुमार

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 अजीत कुमार

Occupation

Address

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Bank Account Number

Name of the Bank