

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.	Ranjit Kumar 9696926764
2 Vehicle No. / वाहन संख्या	UP76AV9877
3 Policy No. / पालिसी संख्या	252400/31/2024/34589
4 Period of Insurance / बीमा अवधि	27/08/25 - 26/08/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	16/06/26 - 2:00 PM
6 Place of Accident / दुर्घटना का स्थान	एरिया गट गेट
7 Name of the Driver, D L No. & Mobile No / डाइवर का नाम, डी एल नं. & मोबाइल नं	Ranjit Kumar UP7620250006735
8 Estimated Loss / अनुमानित हानि	8970/-
9 Cause of Accident / दुर्घटना का कारण:	नेकपुर चौक में एरिया गट जाने समय अचानक सामने जागृत आ गया उसे बचाने के चरण में भी जात्रि ठिक जाया ।
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.	Gulfa Auto Dealers 740/L Berhampur Farrukhabad 8874481234

Date / दिनांक : 19/06/26
हस्ताक्षर



Signature of Insured / बीमाधारक के

रंजीत



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

Dist. Br. Office Address _____ Certificate Policy No. 252400/31/2026/34585
 IC No. _____ Period of Insurance 27/08/25 - 26/08/26
 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 Ranjit Kumar
 (2) Address for correspondence Nekpur Kulan Fatehgarh Farrukhabad
 (3) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIIF2S9H17520</u>	Registration No.
	Chassis No. <u>MBLHAW4SXS9HG7400</u>	<u>UP76 AV 9877</u>

- (1) Was the vehicle in proper working condition? Yes
 (2) For what purpose was the vehicle being used at the time of accident? Passad 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 load weight
 (2) Unladen Weight
 (3) Weight of goods carried/Load Challan No.
 (4) Nature of permit
 (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 Passenger permitted

[Handwritten signature]

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Ranjit Kumar
 (b) Age: 32
 (c) Address: NEKPUR KALAN Fatehgarh Farukhabad
 (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: N/A
 (f) Was he under the influence of intoxication (Liquor or drugs): No
 (g) Driving Licence Number: UP.7620250206735
 (h) Issuing Authority: Farukhabad
 (i) Date of Expiry: 24/06/2030
 (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: 16/06/26 - 2:00 PM
 (b) Place: एरिया गेट रोड
 (c) Speed of vehicle at the time of accident: 20
 (d) Give a short description of the accident: नेकपुर के एरिया गेट रोड पर एक गाड़ी ने दूसरी गाड़ी को टक्कर मारी जिससे दोनों गाड़ियाँ क्षतिग्रस्त हुईं।
 (e) If any third party was responsible for this accident give the name and address: गणेश उर्फ अच्युत के नाम से माली गति. टिक गरी / -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS Per Estimate
 (b) Estimated cost of repairs: 8500/-
 (c) When and where can the damaged vehicle be inspected: Gupta Auto Dealers Farukhabad

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?

N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

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 Police Station?
- (i) C.R. diary Number

no

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 15/06/26 2026

Signature of the insured

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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. 7GAV 9877 insured under Policy No. 252400/31/12/26/35589
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 2015
Occupation
Address

Bank Account Number
Name of the Bank