

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
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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.	Balavant Giri 7880320820
2	Vehicle No. / वाहन संख्या	UP52CE4398
3	Policy No. / पालिसी संख्या	05
4	Period of Insurance / बीमा अवधि	05-03-2025 to 03-04-2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-11-2025, 11:00 PM
6	Place of Accident / दुर्घटना का स्थान	Ekanra Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Salwant Giri, UP5220240019763 7880320820
8	Estimated Loss / अनुमानित हानि	120000
09.	Cause of Accident / दुर्घटना का कारण : वह रहे जो समय रास्ते में साथ ही अन्यायक सालू या राधा जिस गाड़ी सा ब्रेक और गाड़ी मिट गया है जिस गाड़ी कीतिग्रस्त हो गया है	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	Shiv automobiles West By Pass Road Rudrapur, 9260933814

बलवंत गिरी

Date / दिनांक : 17/11/2025
हस्ताक्षर

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. 252400/31/2025/92019

Tel. No. _____

Period of Insurance 05/03/2025 to 04/03/2026
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 : Bolant Lini
(b) Address for correspondence : Kadri
(c) Telephone : 7880320820

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11E7RHML1048</u> Chassis No. <u>MBLHA0215 RHM13636</u>	Registration No. <u>UP52CE4398</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? self
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
1. Was a side-car attached
2. Was a pillion rider carried

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 :

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sahant Lini
(b) Age : 20
(c) Address : Baita, Rishikpur
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UPSL 20240019763
(h) Issuing Authority : Deoria
(i) Date of Expiry : 31-12-2024
(j) Was the licence temporary/permanent : UPSL 20240019763
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?: NO
(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 : 10-11-2025, 11:00 PM
(b) Place : Ekalaya Road
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : रस्ते में अचानक खलू आ गया था
(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 : NO
(b) Estimated cost of repairs : 15000
(c) When and where can the damaged vehicle be inspected : yes

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address :
(c) Full Details of personal injury sustained : N/A
(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? :

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

Occupation

Address

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Bank Account Number

Name of the Bank