



THE ORIENTAL INSURANCE CO. LTD.

DIVISIONAL OFFICE, T.H. TOWER, STADIUM ROAD

MARKET P.O., MUVATTUPUZHA - 686 673, Phone: 0485-2833926, 2834926, 2833110, 2830696

Website: www.orientalinsurance.org.in, email: 441700@orientalinsurance.co.in

ACCIDENT DEPARTMENT

CLAIM NO.

Received Day of 20..... from THE ORIENTAL INSURANCE COMPANY LIMITED. the sum of Rs.....(in words Rupees)

in full and final settlement of the loss/damage caused through the accident to my/our Motor Vehicle/Car 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

Witness

Signature:

Name:

Affix Rs. 1/-
Revenue
Stamp

Signature:

Name:

Address:

MY BANK ACCOUNT DETAILS FOR NEFT/RTGS PAYMENTS	
Account Holders Name	
Bank Name & Branch Name	
Bank Account Type	
Bank Account No. (for NEFT)*	
IFSC Code	
MICR Code	

* Please attach a copy of a cancelled cheque leaf verify the details with your bank before submitting. Please Transfer My Claim Amount to the above Bank Account

Signature.....