

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय , Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	PRAMILA DEVI ♀ 9628772563
2	Vehicle No. / वाहन संख्या	UPS2CE 68 29
3	Policy No. / पालिसी संख्या	252400/31/2025/98351
4	Period of Insurance / बीमा अवधि	28/03/2025 to 27/03/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/03/2026 ♀ 06:00PM
6	Place of Accident / दुर्घटना का स्थान	कुर्भोरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	CHANDRABHAN YADAV ♀ UPS220260000921 - 9628772563
8	Estimated Loss / अनुमानित हानि	9375
9	Cause of Accident / दुर्घटना का कारण :	पाण्डेय चौराहा से कुर्भोरा गए जा रहे थे तब ही पाण्डेय चौराहा छोटे कुर्भोरा के किनारे अचानक सामने कूला आ गया जिसको बचाने के चक्कर में मोती गाड़ी बाया साइड गिर गई और ड्राइवर घायल हुए।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Ganpati Automobiles Purwa Deoria ♀ 7651989597

Date / दिनांक : 25/03/26
हस्ताक्षर

प्रमिला देवी

Signature of Insured / बीमाधारक के

प्रमिला देवी





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 252950/3/2025/98351

Tel. No. _____

Period of Insurance 28/03/25 to 27/03/26
 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
 (a) Name PRAMILA DEVI
 (b) Address for correspondence KURMOUTA
 (c) Telephone 9620777563

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2015</u>	Engine No. Chassis No. <u>* 03593</u> <u>* 02184</u>	Registration No <u>UP52CE6829</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?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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
- NA

