

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.	8090255017 DEEPAK KUMAR
2	Vehicle No. / वाहन संख्या	UP31CK8027
3	Policy No. / पालिसी संख्या	252400/31/2025/94731
4	Period of Insurance / बीमा अवधि	16/03/2025 To 15/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/25 - 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	राजापुर भोंड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP31202400/0723 SUSHIL KUMAR, 9519268326
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	भरी गाड़ी में पड़ोसी सुशील कुमार केकट भेड़हा से आगढ़वावा दुखेखा के लिए जा रहे थे तभी राजापुर भोंड पर सामने कुला आ गया जिससे भरी गाड़ी गिर कर टूट गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	VERMA AUTO SALES 9653010179

Date / दिनांक :

हस्ताक्षर
28/12/25

Signature of Insured / बीमाधारक के

दीपक कुमार

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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 _____
Tel. No. _____

Certificate/Policy No. 252400/31/2025/94731
Period of Insurance 16/03/2025 To 15/03/2026
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 DEEPAK KUMAR
(b) Address for correspondence Bhedahiya, post, Bhedahiya Khui U.P.
(c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HATE 7SHB20422</u> Chassis No. <u>MBLHAW2108HB11931</u>	Registration No. <u>UP31CK0027</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
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 : N/A
(b) Unladen Weight : _____
(c) Weight of goods carried/Load Challan No. : _____
(d) Nature of permit : _____
(e) Nature of goods carried : N/A
(f) Was the vehicle plying for hire : _____
(g) If Lorry/Jeep/Tractor, was trailer attached? : _____
(h) Number of passengers carried : N/A
(i) Number of Passenger permitted : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ N/A
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : _____ N/A
(b) Did a Police Constable take particulars of
The accident? : _____ N/A
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____ N/A

10. THEFT

- (a) Date and Time : _____
(b) Place : _____ N/A
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____ N/A
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Policy Station? : _____ N/A
(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 _____ 200

28/12/25

Signature of the insured

दीपक कुमार