

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्श्योरेंस 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.	AJAY SINGH 9984501831
2	Vehicle No. / वाहन संख्या	UP52 CF 3011
3	Policy No. / पालिसी संख्या	252400/31/2026/10661
4	Period of Insurance / बीमा अवधि	05/05/2025 To 04/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 6:00 AM
6	Place of Accident / दुर्घटना का स्थान	पुरवा चौक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JITENDRA KUMAR SINGH
8	Estimated Loss / अनुमानित हानि	6177/-
9	Cause of Accident / दुर्घटना का कारण : मेरा भतीजा गाड़ी लेकर कैला सिंह का सड़क का शक्ति में पुरवा चौक पर अचानक सामने से दाया साईड से टु-रिक्शा के टक्कर मार दिया जिससे गाड़ी इस कैलेस होवाया गाड़ी लेकर गिराई जिससे गाड़ी क्षतिग्रस्त हो गयी उस समय JITENDRA KUMAR SINGH गाड़ी चला रहा था	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Shri Sai Motor 9918504509

Date / दिनांक :
हस्ताक्षर 9/12/2025

Signature of Insured / बीमाधारक के
अजय सिंह



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
 252409/31/2026/10661
 Certificate/Policy No. 5/5/2025 To 4/5/2026
 Period of Insurance
 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 : AJAY SINGH
 Name :
 Address for correspondence : VILL- SHAMPUR P.O.- KARAJAHAL DEORIA
 Telephone :

2. THE INSURED VEHICLE

Make & Year HERO 2025	Engine No. JPR17ERSG1302053 Chassis No. MBLJFN355SGB02080	Registration No. UP52CF 3011
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- (a) Was the vehicle in proper working condition? S
- (b) For what purpose was the vehicle being used at the time of accident? Re-haul
- (c) Was trailer attached? No
- (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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 Chellan 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? Yes
- (h) Number of passengers carried
- (i) Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : JITENDRA KUMAR SINGH
 (b) Age : 03-07-1983
 (c) Address : SAMPUR KAPURJAMIA RAMPUR KAPURJAMIA DEORIA
 (d) Is the Driver
 1. Owner Alc
 2. paid driver? Alc
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment : Alc
 (f) Was he under the influence of intoxication Liquor or drugs? : Alc
 (g) Driving Licence Number : UPS2 2011 000 60886
 (h) Issuing Authority : Deoria
 (i) Date of Expiry : 23-06-2031
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : Alc
 (l) Has he been involved in any accident before? : Alc
 (m) Has he been charged by the policy? If so, Why? : Alc

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 05/12/2025 6:00pm
 (b) Place : गुवा चौराहा
 (c) Speed of vehicle at the time of accident : 80 km/hr
 (d) Give a short description of the accident : मेरी माली गाड़ी को (दोसरा) ने टक्कर मारी और बायां तरफ घुमा
 (e) If any third party was responsible for this accident give the name and address : चौकट की प्रयोग के समय दोसरा गाड़ी को टक्कर मारी और बायां तरफ घुमा
 (f) दोसरा गाड़ी (सेक्टर) को माली गाड़ी का बालूदान के कारण क्षतिग्रस्त हुआ और गाड़ी में क्षतिग्रस्त हुआ
 (g) DAMAGE TO INSURED VEHICLE : 2 (REAR) WHEEL

(a) Full details of damage : 6177
 (b) Estimated cost of repairs : 6177
 (c) When and where can the damaged vehicle be inspected : Shri Sai Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : Alc
 (b) Address : Alc
 (c) Full Details of personal injury sustained : Alc
 (d) Name and address of any person/hospital giving medical attention to injured person : Alc
 (e) Full details of property damaged : Alc
 (f) Has notice of any claim been given to you? : Alc



8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? Yes
(b) If yes, give full details _____

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? : NA
(d) If yes, to which Police Station? _____
(e) Date and Diary 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 Policy Station? _____
(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 5/12/2020

Signature of the insured
अजय राव