

To / से वामें,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	लक्ष्मि 7318337943
2	Vehicle No. / वाहन संख्या	UP 74AP0709
3	Policy No. / पालिसी संख्या	252400/31/2026 / 14730
4	Period of Insurance / बीमा अवधि	16/05/2025 To 15/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025 Monday 1:30 pm
6	Place of Accident / दुर्घटना का स्थान	Sikandarpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RamelaKhan . 9935721751 UP 74 20190002018
8	Estimated Loss / अनुमानित हानि	₹ 2000
09.	Cause of Accident / दुर्घटना का कारण:	मैं घर से 21वीं के कार्ड वाले जा रहा था अचानक से कुत्ता सामने आने पर रुकने के बाद घटने हो गया
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./ वर्क शॉप का नाम, पता & मोबाइल / फ़ोन नं.	हिवाही आर्टो मोबाइल हिवाशमऊ कलकौं 9936403019

Date / दिनांक :  
हस्ताक्षर

8/12/2025

लक्ष्मि

Signature of Insured / बीमाधारक के

लक्ष्मि



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

252400/31/2026/14730

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. \_\_\_\_\_

Tel. No. \_\_\_\_\_

Period of Insurance 16/05/2025 To 15/05/2026

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

(a) Name : लविश  
 (b) Address for correspondence : गोला राहती, सिव् 2257 - व.ली.का  
 (c) Telephone : 7318337943

2. THE INSURED VEHICLE

Make & Year <b>2025 EERO</b>	Engine No. <b>JA07AVS6B08398</b>	Registration No. _____
	Chassis No. <b>MBLJAU02456B11884</b>	<b>UP74AP0709</b>

(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? **NA**  
 (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? : \_\_\_\_\_ **NA**  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_