

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.	SATYAM SHARMA m- 6391369934
2	Vehicle No. / वाहन संख्या	UP52CE8132
3	Policy No. / पालिसी संख्या	252400/31/2026/1723
4	Period of Insurance / बीमा अवधि	8/4/2025 To 7/4/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/25 6:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	शमपुर गौनरिया चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UPENDRA KUMAR NAYAK
8	Estimated Loss / अनुमानित हानि	6745/-
9	Cause of Accident / दुर्घटना का कारण: जेठे धार के बगल के भद्रि गाड़ी लेकर होया संघर्ष आ रहा था शहरे में शमपुर गौनरिया चौराहा पर अचानक सामने से दाया साइड से मोटर अट्रिकिल नेटवर्कद मारुतिवा जिससे गाड़ी का सेडलन क्रिए गया और गाड़ी लेकर गिरे गये जिससे गाड़ी चाली गलत हो गया उस समय Upendra Kumar Nayak गाड़ी चला रहे थे।	
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 9910504589

Date / दिनांक
हस्ताक्षर

13/12/25

Satyam Sharma

Signature of Insured / बीमाधारक के





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

252400/31/2026/1723

Div. Br. Office Address _____

Certificate/Policy No. _____

Tel. No. _____

8/4/25 To 7/4/26

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 : Satyam sharma
 (b) Address for correspondence : VISHA - Pipra Nayak Naryambur Danda
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year HERO 2025	Engine No. HA11E7RHM16728 Chassis No. MBLHAW22XRHM05010	Registration No. UP52CE 8132
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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? pdrhu
 (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 Challan No. : _____
 (d) Nature of permit : _____
 (e) Nature of goods carried : _____
 (f) Was the vehicle plying for hire : No
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Upendra Kumar Nayak
 (b) Age : 12-10-1983
 (c) Address : PIPRA NAYAK NARAYANPUR DEGAON
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? :
 (e) If paid driver, how long has he been in your employment : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UPS2 20130003959
 (h) Issuing Authority : Deoria
 (i) Date of Expiry : 01-04-2033
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before?: No
 (m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10/12/2025 6:00 बजे रात
 (b) Place : रामपुर गाँव निवाला रोड
 (c) Speed of vehicle at the time of accident : 25 km
 (d) Give a short description of the accident : मोटर के बाल मटि गडीलेका द्वारा के बाइक से टक्कर मिला
 (e) If any third party was responsible for this accident give the name and address : रामपुर गाँव निवाला रोड पर अभिनव राम के देवना-सिद्धि से
 मोटर सवारीलेन टक्कर मारिदिने निमित्त गति का बेवसा किया गया और गति लेका गिरिदि
 निमित्त गती का लि उल्लेख हो गमा उस समय
 Upendra Kumar Nayak निवासी देवना-सिद्धि का
6. DAMAGE TO INSURED VEHICLE
- (a) Full details of damage :
 (b) Estimated cost of repairs : 6745/-
 (c) When and where can the damaged vehicle be inspected : Shri Sai Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
 (b) Address :
 (c) Full Details of personal injury sustained :
 (d) Name and address of any person/hospital giving medical attention to injured person : No
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

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? : _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____ 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 _____ No

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 13/12/22 300

✓ Satyam Sharma
Signature of the insured