

1. सेवा में

Oriental Insurance Co Ltd /
ऑरिएण्टल इन्सुरेंस कंपनी लिमिटेड

Subject / विषय: Claim Information Letter / दावा सूचना पत्र

2. 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.	Shraw Prashad Yadav 9956910605
2. Vehicle No. वाहन संख्या	UP57W0195
3. Policy No. पालिसी संख्या	MS/2024/7001/0/46525/388916
4. Period of Insurance / बीमा अवधि	15/12/2024 to 15/12/25
5. Date of loss & Time दुर्घटना का दिनांक & समय	10-12-2025, 10:00 AM
6. Place of Accident / दुर्घटना का स्थान	लुडहेरी रोड
7. Name of the Driver, D.L. No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Shraw Prashad Yadav UP5720140011650
8. Estimated Loss / अनुमानित हानि	2844/-
9. Cause of Accident / दुर्घटना का कारण:	वर्क चलाते समय अचानक एक जानवर आकर लड़ गया जिससे बाईस लेन (Right) आइस जी जम्पे।
10. Spot Surveyor स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	RISHABH MOTORS, 6306525464

13/12/2025

Date / दिनांक :
हस्ताक्षर

शुभ शशि
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. 3477, A-25/25, Asaf Ali Road, New Delhi 110002

VEHICLE CLAIM FORM

Do. No. of the vehicle: **meesud**

Certificate Policy No. **1004/300/4655/200916**
 Period of Insurance **15/12/24 to 14/12/25**
 Claim No.

Ins. No. **9956910605**

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

Name: **DR. UV Prashad Yadav**
 Address for correspondence:
 Telephone: **9956910605**

2. THE INSURED VEHICLE

Make & Year Hero/2015	Engine No. 29265 Chassis No. 16744	Registration No. UP57W 0195
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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? **NA**
 (d) If a Motor Cycle scooter
 1. Was a side car attached? **NA**
 2. Was a pillion rider carried? **NA**

3. 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/Tractor, was trailer attached? :
 (h) Number of passengers carried :
 (i) Number of Passenger permitted :

NA



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 (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. Bl. Office Address meerut

Certificate/Policy No. ms/2024/7001/46525/
388916
 Period of Insurance 15/12/24 to
 Claim No. 1411223

Tel. No. 9956910605

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 : Dhruv Prashant Yadav
 (b) Address for correspondence :
 (c) Telephone : 9956910605

2. THE INSURED VEHICLE

Make & Year <u>Hero/2016</u>	Engine No. <u>29365</u> Chassis No. <u>16744</u>	Registration No. <u>UP57W</u> <u>0195</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? 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? :
 (h) Number of passengers carried :
 (i) Number of Passenger permitted :

NA



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MOTOR CLAIM FORM

Div. Br. Office Address: meerut

Certificate/Policy No: MS/2024/700/46525/388916

Tel. No: 9956910605

Period of Insurance: 15/12/24 to 14/12/25
 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: DhrUV prashad yadav
 (b) Address for correspondence:
 (c) Telephone: 9956910605

2. THE INSURED VEHICLE

Make & Year <u>Hero/2016</u>	Engine No. <u>29365</u> Chassis No. <u>16744</u>	Registration No. <u>UP57W</u> <u>0195</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? 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 Trolley, Jeep, Tractor, was trailer attached? :
- (h) Number of passengers carried :
- (i) Number of Passenger permitted :

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dhruv Prashad Yadav
(b) Age :
(c) Address :
(d) Is the Driver :
1 Owner :
2 paid driver? : yes
3 Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication (alcohol or drugs)? : NA
(g) Driving Licence Number : UP5720140011650
(h) Issuing Authority :
(i) Date of Expiry : 30.12.2021
(j) Was the licence temporary/permanent : 29.12.2026
(k) Details of endorsement/suspension, if any : permanent
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? : NA

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, 10:00 AM
(b) Place : (मकड़ी रोड)
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : वाहन चलते समय अचानक एक जानवर आगे लड़ गया जिसे वाहन ने मारा।
(e) If any third party was responsible for this accident give the name and address : रीषभ मोटर्स जी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate
(b) Estimated cost of repairs : 2044/-
(c) When and where can the damaged vehicle be inspected : RISHABH - 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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : NA

* INJURY TO DRIVER/OCCUPANT

(a) What driver/any occupant injured? : NA
 (b) If yes, give full details :

9. WITNESS

(a) Name, address and address of passengers/other witnesses, if any :
 (b) Did a Police Constable take particulars of this accident? :
 (c) Was any claim reported to Police? If not, Why? : NA
 (d) If yes, to which Police Station? :
 (e) Date and Time, etc. :

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 the claim been reported to Police? : NA
 (g) Where? :
 (h) To which Police Station? :
 (i) Date and Time, etc. :

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 past or future accident shall be forfeited.

Date: 13/12/25

Signature of the insured

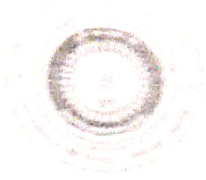
[Handwritten Signature]

Discharge Receipt

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(in words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my car motor Car Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present or future arising directly indirectly in respect of the said accident.

Rs. _____

The Receipt
Received Stamp
When Issued
Issued on _____

Witness
Name _____
Signature _____
Address _____

Signature सुद भांडव
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____