

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दाया 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.	RAJESH KUMAR 9598950294
2	Vehicle No. / वाहन संख्या	UP74AD 1743
3	Policy No. / पालिसी संख्या	252400/31/2021/54693
4	Period of Insurance / बीमा अवधि	01/11/25 To 31/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 11: A.M
6	Place of Accident / दुर्घटना का स्थान	बिरोली पुलिस
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	MARVEER SINGH- 9598950294 UP7420150002972
8	Estimated Loss / अनुमानित हानि	100000
9	Cause of Accident / दुर्घटना का कारण : मेरे चाचा गाड़ी लेकर गुरसा हाथी के जाये थे लापरवाही समय रास्ते में बिरोली पुलिस के पास मोड़ पर अचानक एक ट्रैक्टर ने आगे से मोड़ दिया जिस से गाड़ी में सामने टक्का लगा गई और लाइव मिट वही आतिशबाही हो गई किसी को कोई चोट नहीं पड़ी FIR नं.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	A.K. MOTORS HERO AGENCY TALGRAM KANHAUJ. 209731 9173030786

Date / दिनांक : 11/12/2025
हस्ताक्षर

राजेश कुमार
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

Div. Br. Office Address MEERUT

Certificate/Policy No. 252400/31/2026/54693

Tel. No.

Period of Insurance 01/11/25 to 31/10/2026

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 : RAJESH KUMAR
(b) Address for correspondence : ROHATI HAMRAJ
(c) Telephone : 909990294

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JAO7AOSGE00251</u> Chassis No. <u>MBLJAV056SGE05250</u>	Registration No. <u>UP74AO</u> <u>1743</u>
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- (a) Was the vehicle in proper working condition? N/A
- (b) For what purpose was the vehicle being used at the time of accident? PERSONAL
- (c) Was trailer attached? N/A
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached N/A
 - 2. Was a pillion rider carried N/A

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
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : HARVEER SINGH
 (b) Age : 31
 (c) Address : BIRAUDI, PO. RONALI
 KANHAUJ
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? : RELATIVE
 (e) If paid driver, how long has he been in your employment : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP7420150002972
 (h) Issuing Authority : KANHAUJ
 (i) Date of Expiry : 31/12/2025
 (j) Was the licence temporary/permanent : PERMANENT
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 11/12/2025 11 A.M.
 (b) Place : 1 KM PANDIYA PURWA
 (c) Speed of vehicle at the time of accident : 40 KM/H
 (d) Give a short description of the accident : 1st car 11151 नंबर जिराए जा रहा था
 (e) If any third party was responsible for this accident give the name and address : 0144 316 2114 नंबर का गाड़ीवाला 2 मिनट बाद
 27/1/2026

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : A.C. PER ESTIMATED
 (b) Estimated cost of repairs : 10000/-
 (c) When and where can the damaged vehicle be inspected : A.K.MOTORS. NERO AGENCY
 TALGRAM KANHAUJ. 209791-9173030786

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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

