

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.	SUMIL KUMAR 7210191105
2	Vehicle No. / वाहन संख्या	UP74A01726
3	Policy No. / पालिसी संख्या	252400/31/2026/54675
4	Period of Insurance / बीमा अवधि	01/11/25 To 31/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/20 U.P.M
6	Place of Accident / दुर्घटना का स्थान	जलिदालपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUMIL KUMAR - 7210191105 UP7420220000522
8	Estimated Loss / अनुमानित हानि	12000/-
09.	Cause of Accident / दुर्घटना का कारण : अपने गाँव से सीरी ट्रेरी पर कुछ दूरी जाये थे आपस झटके लगने से जलिदालपुर गाँव के पास मोड़ पर अचानक पिछप वाले ने कर मार दिया जिस से मेरी गाड़ी रोड किनारे जा गिरी टूर गड	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	M/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	M/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	A. K. MOTORS. HERO AGENCY TALGRAM KAMRAUT - 209731 91790 30 786

Date / दिनांक :
हस्ताक्षर 12/12/25

Sumil Kumar
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 MERUT

Certificate/Policy No. 252400/31/2020/54675

Tel. No.

Period of Insurance 01/11/2025 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

1. INSURED

- (a) Name
- (b) Address for correspondence
- (c) Telephone

SUNIL KUMAR - 721-1911-5
CATZ HAGAR BALTRASUNA ROPALZ MAMRAUJ

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>MA11F2551108989</u>	Registration No.
	Chassis No. <u>MBCHALW45359H59252</u>	<u>UP 74A0</u> <u>1726</u>

- (a) Was the vehicle in proper working condition? MIA
- (b) For what purpose was the vehicle being used at the time of accident? PERSAMAL
- (c) Was trailer attached? MIA
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached MIA
 - 2. Was a pillion rider carried MIA

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

MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: SUNIL KUMAR

(b) Age: 60

(c) Address: SHRI NAGAR BOLD PASLA
POHRA KANHAJI

(d) Is the Driver

1. Owner
2. paid driver?
3. Owner's relative or friend?

(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: UP 742-220000522

(h) Issuing Authority: KANHAJI

(i) Date of Expiry: 12-12-32

(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

No. 7210191165

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 4: P.M

(b) Place: 30 KM KANHAJI

(c) Speed of vehicle at the time of accident: 34 km/hr

(d) Give a short description of the accident: विवरण देना है कि 4:00 बजे के आसपास 30 KM KANHAJI पर एक गाड़ी का दुर्घटना हुआ।

(e) If any third party was responsible for this accident give the name and address: अज्ञात व्यक्ति द्वारा गाड़ी का दुर्घटना हुआ। 37 नंबर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: A.S PER ESTIMATED

(b) Estimated cost of repairs: 12000/-

(c) When and where can the damaged vehicle be inspected: AK MOTORS HERO AGENCY
TALGRAM KANHAJI - 9981

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? _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____ N/A _____
(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? : _____ N/A _____
(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? _____ N/A _____
(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 12/12/2025 200

Signature of the insured Sami'l Kuma