

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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

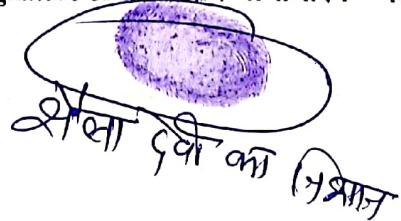
Sir / महोदय,

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.	SHAILA DEVI M= 8052357600
2	Vehicle No. / वाहन संख्या	UP52BQ 3630
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/435554
4	Period of Insurance / बीमा अवधि	9/5/2025 To 0/5/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025 10:00 बजे दिन में
6	Place of Accident / दुर्घटना का स्थान	पाण्डेय चक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAGAR CHAUHAN
8	Estimated Loss / अनुमानित हानि	4670/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरा अलीजा गाड़ी लुकर ट्रैक्टर पर खींचे रास्ते में पाण्डेय चक चौक पर अचानक सामने से मोटर साईकिल ने लुकर जाट दिया जिससे गाड़ी अनियंत्रित होकर रोड पर गिर गई जिससे गाड़ी क्षतिग्रस्त हो गई उस समय Sagar Chauhan गाड़ी चला रहा था।
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 Motors 99102504509

Date / दिनांक :
हस्ताक्षर 11/12/2025

Signature of Insured / बीमाधारक के


शैला देवी का निम्न



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 _____ Certificate/Policy No. MS/2025/7001/0/46575/435554
 Tcl. No. _____ Period of Insurance 9/5/2025 To 0/5/2026
 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 : Shaila Devi
 (b) Address for correspondence : _____
 (c) Telephone : Baltikara Bolwa Bazar Dombu

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HA11EWNH00142</u> Chassis No. <u>MBCFAW137NH00187</u>	Registration No. <u>UP52BB</u> <u>3630</u>
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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? passowal
 (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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? No
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(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 11/10/2025 200

Signature of the insured

