

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.	HARJEET SINGH M= 959 9070507
2	Vehicle No. / वाहन संख्या	UP52BM 05500
3	Policy No. / पालिसी संख्या	MS/9025/7001/0/46575/417579
4	Period of Insurance / बीमा अवधि	10/9/25 To 17/3/226
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/25 6:00 AM
6	Place of Accident / दुर्घटना का स्थान	रून्धावाला चौक
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RITESH SHARMA
8	Estimated Loss / अनुमानित हानि	7001/-
9.	Cause of Accident / दुर्घटना का कारण	आर्युन असीन आर्युन के कारण हादसा हुआ है। रून्धावाला चौक के पास, रून्धावाला चौक के पास, रून्धावाला चौक के पास, रून्धावाला चौक के पास, क्या था और अति तेज रफ्तार के कारण और आर्युन असीन के कारण एक गैर ओएसएस आर्युन रिसेरच गाइड क्या 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 /फोन नं.	Shri Sai Motors 9910504509

Date / दिनांक : 16/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के
हरिद्वेश यादव



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/0225/70010/46575/417579
 Tel. No. _____
 Period of Insurance 10/3/2025 To 17/3/2026
 Claim No. _____

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

(a) Name INSURED
 (b) Address for correspondence Hareikesh Yadav
 (c) Telephone Mr. Bhavendu go. Boradgaria Dewa

2. THE INSURED VEHICLE

Make & Year <u>HERA</u> <u>2021</u>	Engine No. <u>HA11EVMHG 41036</u>	Registration No. <u>UP95213M</u>
	Chassis No. <u>MBLHA60112MHG56205</u>	<u>Q550</u>

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

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? NA
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name NITESH YADAV
- (b) Age 10-9-2001
- (c) Address Bharauli Gauri Bazar Dera
- (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 UP52 202100109928
- (h) Issuing Authority Dera
- (i) Date of Expiry 9-9-2041
- (j) Was the licence temporary/permanent permanent
- (k) Details of endorsement/suspension, if any AN
- (l) Has he been involved in any accident before? AN
- (m) Has he been charged by the policy? If so, Why? AN

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time 11/2/2025 Girvat Sank
 - (b) Place Sa shu
 - (c) Speed of vehicle at the time of accident
 - (d) Give a short description of the accident मेरा भाईया जीने कार हादसे में जो खराब स्थिति में था उस कारण से मैंने कार चलायी।
 - (e) If any third party was responsible for this accident give the name and address श्री श्री क. मंगल खान \rightarrow श्री क. मंगल खान \rightarrow अन्धविश्व कालोनी 2 की गली गण्डा विहार, अन्धविश्व कालोनी 2, धाबा
- DAMAGE TO INSURED VEHICLE
- (a) Full details of damage 7000/-
 - (b) Estimated cost of repairs
 - (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
- (e) Full details of property damaged
- (f) Has notice of any claim been given to you? No

