

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.	DHANANJAY M= 7571006024
2	Vehicle No. / वाहन संख्या	UP52BU1724
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/455677
4	Period of Insurance / बीमा अवधि	15/7/2025 To 14/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025 6:00 am approx
6	Place of Accident / दुर्घटना का स्थान	बैनालापुर शीर्ष के पास
7	Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAM PRAVEESH GOND
8	Estimated Loss / अनुमानित हानि	7526/-
9	Cause of Accident / दुर्घटना का कारण	ग्राइंडिंग करत घोरण से घटका हो गया है श्री बैनालापुर शीर्ष के पास अथानक स्थान से 2 किलोमीटर दूर एक कार रिफ्ट मिली कार संतुलन बिगाडा आठ आठ ट्रांसिजिक्ट रिट गैर किसेल आरी चसि अफर ले भण्डस समय राम प्रवेश गोंड आरी चसि अफर ले भण्डस
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.	Shari Sai Motor 9918504509

Date / दिनांक :  
हस्ताक्षर  
16/12/2025

Signature of Insured / बीमाधारक के  
हस्ताक्षर



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 \_\_\_\_\_

MS/2025/70010/46575/455677

Tel. No. \_\_\_\_\_

Certificate/Policy No. \_\_\_\_\_  
15/7/2025 To 14/7/2026  
Period of Insurance

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 : 1. INSURED Dhanraj Jay
  - (b) Address for correspondence : Mr. Separi Buzurg Udhokar Darw
  - (c) Telephone : \_\_\_\_\_
2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HB11E7PHCA3718</u>	Registration No. <u>UP552BLW</u>
	Chassis No. <u>MBLHAW219DHC34953</u>	<u>1724</u>

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

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/Tactor, was trailer attached? NA
- (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

Yes

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.

Yes

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 Police Station?
- (i) C.R. diary Number

Yes

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 16/12/2025

Signature of the insured

Signature

