

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.	DIWAKAR MANI M= 7355214043
2	Vehicle No. / वाहन संख्या	UP52BR 1904
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/457912
4	Period of Insurance / बीमा अवधि	24/7/2025 To 23/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/12/2025 7:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	वेलावर चौराहे के आगे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DIWAKAR MANI
8	Estimated Loss / अनुमानित हानि	11981/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर वेलावर के महुआरिह आ खिच रास्ते में वेलावर में अचानक सामने से एलोय ने एक्कर मार दिया जिससे गाड़ी का स्तेतुलन बिगड़ गया और गाड़ी रोड के किनारे नहीं में गिर गये जिससे गाड़ी क्षति गस्त हो गया।
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 Motor 9918504509

Date / दिनांक :

हस्ताक्षर

13/12/2025

Signature of Insured / बीमाधारक के

दिवाकर मणि





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 \_\_\_\_\_

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

MS/2025/7001/0/46575/457912

Certificate/Policy No.

24/7/2025 To 23/7/2026

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

1. INSURED

(a) Name : DIWAKAR MAMI

(b) Address for correspondence : \_\_\_\_\_

(c) Telephone : SOPRI BUZURG DEORIA

2. THE INSURED VEHICLE

Make & Year <u>HERO 2022</u>	Engine No. <u>HA11EANHE30926</u>	Registration No. <u>UPS2BR 1904</u>
	Chassis No. <u>MBCHAW174MHED0642</u>	

(a) Was the vehicle in proper working condition? S

(b) For what purpose was the vehicle being used at the time of accident? Resheral

(c) Was trailer attached? NA

(d) If a Motor Cycle/scooter

- Was a side-car attached? NA
- Was a pillion rider carried? NA

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 : DIWAKAR MANI  
 (b) Age : 5-09-1993  
 (c) Address : SOPANI BAZARG DEWANA  
 (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 : NA

(f) Was he under the influence of intoxication Liquor or drugs? : NA

(g) Driving Licence Number : UP52 20120000147  
 (h) Issuing Authority : DEWANA  
 (i) Date of Expiry : 11-6-2032  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NA  
 (l) Has he been involved in any accident before?: NA  
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT  
 (a) Date and Time : 05/12/25 7:00 AM  
 (b) Place : सोपान बाजार के पास  
 (c) Speed of vehicle at the time of accident : 50 km/hr  
 (d) Give a short description of the accident : मेरे सामने की गाड़ी ने तेजी से मुझे टक्कर मारी और मैंने अपनी गाड़ी को नियंत्रित नहीं कर पाया।  
 (e) If any third party was responsible for this accident give the name and address : व्यक्ति का नाम और पता नहीं पता।  
 6. DAMAGE TO INSURED VEHICLE : गाड़ी में क्षति  
 (a) Full details of damage : 119061  
 (b) Estimated cost of repairs : Shri Sai Motor  
 (c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NA  
 (b) Address : NA  
 (c) Full Details of personal injury sustained : NA  
 (d) Name and address of any person/hospital giving medical attention to injured person : NA  
 (e) Full details of property damaged : NA  
 (f) Has notice of any claim been given to you?

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 Police 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 12/12/2005

Signature of the insured  
\_\_\_\_\_

