

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.	Rahul Kumar UP52 CD8913
2	Vehicle No. / वाहन संख्या	252400/31/2025/77698
3	Policy No. / पालिसी संख्या	252400/31/2025/77698
4	Period of Insurance / बीमा अवधि	15/01/2025 - 14/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/2025 Time = 12:20pm
6	Place of Accident / दुर्घटना का स्थान	Bariyarpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajeshwar Gaud UP52 20190004422
8	Estimated Loss / अनुमानित हानि	15000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा पड़ोसी मेरा गाड़ी लेकर बरीयारपुर कुछ काम से वा रहे थे। बरीयारपुर चौराहे पर एक बाइक वाले ने सामने से मेरे गाड़ी में टक्कर मार दिया। जिससे मेरा गाड़ी उससे टक्करा कर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	B.K Automobiles Patherdewa (1275552909)

Date / दिनांक : 16/12/2025  
हस्ताक्षर

राहुल कुमार  
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 \_\_\_\_\_ Certificate/Policy No. 252400/31/2025/77698  
 Tel. No. \_\_\_\_\_ Period of Insurance 15/01/2025 - 14/01/2026  
 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 Rahul Kumar  
 (a) Name : \_\_\_\_\_  
 (b) Address for correspondence : Vill + Post - Bhikhampura  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOCOP 2025</u>	Engine No. <u>D0667</u> Chassis No. <u>K7766</u>	Registration No. <u>UP52CD8913</u>
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- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? personal use  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter NIA  
 1. Was a side-car attached NIA  
 2. Was a pillion rider carried NIA

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	:	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rajeshvar Gaud  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver : \_\_\_\_\_  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Neighbour  
 (e) If paid driver, how long has he been in your employment : \_\_\_\_\_  
 (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_  
 (g) Driving Licence Number : UP522019000 4422  
 (h) Issuing Authority : 09/05/2019  
 (i) Date of Expiry : 06/07/2038  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NIA  
 (l) Has he been involved in any accident before? : NIA  
 (m) Has he been charged by the policy? If so, Why? : NIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 16/12/2025 Time = 2:20 PM  
 (b) Place : Bariarpur  
 (c) Speed of vehicle at the time of accident : 20-30 KPH  
 (d) Give a short description of the accident : मेरा पुराना मेरा गाड़ी लेकर बरीपारपुर कुहू  
 (e) If any third party was responsible for this accident give the name and address : काग से धा रहे थी बरीपारपुर चौक के पट ख  
बाइक वाले ने आंका सामने से टक्कर मार दिया जिससे मेरा गाड़ी उससे टक्करा कर  
हानिरहित ही गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front-Left  
 (b) Estimated cost of repairs : 15000  
 (c) When and where can the damaged vehicle be inspected : B.K Automobiles

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? : NIA

WITNESS

- 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. : \_\_\_\_\_

NIA

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 : \_\_\_\_\_

NIA

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 राहुल कुमार