

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.	KAUSHAL KUMAR SINGH 9506341733
2	Vehicle No. / वाहन संख्या	UP 74 AP 4665
3	Policy No. / पालिसी संख्या	252400/31/2026/20070
4	Period of Insurance / बीमा अवधि	21/07/25 TO 20/07/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/2025, 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	SIKANDERPUR TO GURUSAKHIGANJ
7	Name of the Driver, DL No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	KAUSHAL KUMAR SINGH UP 74 20210001337 9506341733
8	Estimated Loss / अनुमानित हानि	15000/-
09.	Cause of Accident / दुर्घटना का कारण:	सिकंदरपुर से गुरुसाखीगंज जा रहे थे रास्ते में अचानक मोटर होने के कारण अचानक सामने साड़ आ गया साड़ ने बचाने में सामने गली से एक और गाड़ी निकल पड़ी जिसके आगे सामने गाड़ी टकरा गई और गिर पड़ी टूट 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 / फोन नं.	AK MOTORS TALGRAM INDERGARH ROAD TALGRAM 209731, 0173030706

Date / दिनांक :
हस्ताक्षर 19/12/2025

काशाल
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 MERRUT

Certificate/Policy No. 252400/31/2026/20878

Tel. No.

Period of Insurance 21/07/25 TO 20/07/26
 Claim No. _____

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

I. INSURED

- (a) Name : KAUSHAL KUMAR SINGH
 (b) Address for correspondence : INDRANAGAR SIKANDERPUR NAULI KANNAJ
 (c) Telephone : 9506341733

2. THE INSURED VEHICLE

Make & Year <u>HEROS PLT01 2025</u>	Engine No. <u>HA1F6SHF00594</u> Chassis No. <u>MBLHAW476SHF00220</u>	Registration No. <u>UP74AP</u> <u>4665</u>
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- (a) Was the vehicle in proper working condition? MIA
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL
 (c) Was trailer attached? MIA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached MIA
 2. Was a pillion rider carried MIA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : MIA
 (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 : KAUSHAL KUMAR SINGH
(b) Age : 20
(c) Address : INTRA NAGAR SIKANDERPUR NAULI KANNAUS
(d) Is the Driver
1. Owner : OWNER
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : N/A
(f) Was he under the influence of intoxication Liquor or drugs? : N/A
(g) Driving Licence Number : UP 74-20210001337
(h) Issuing Authority : KANNAUS
(i) Date of Expiry : 31/03/2037
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any : N/A
(l) Has he been involved in any accident before? : N/A
(m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 17/12/2025, 11:00 AM
(b) Place : SIKANDERPUR TO GURUSAHAI GANJ
(c) Speed of vehicle at the time of accident : 20 KM/H
(d) Give a short description of the accident : 210/44 से गुजराया जा रहा है कि अचानक साइकल आ जाये सामने रोक तो गाड़ी से टकरा गई टूट गई।
(e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : A.S.P.E.R. ESTIMATED
(b) Estimated cost of repairs : 1500/-
(c) When and where can the damaged vehicle be inspected : AK MOTORS HERO AGENCY TALGRAM

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 : N/A
(e) Full details of property damaged :
(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 : _____ N/A

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? : _____ N/A
(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? : _____ N/A
(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 19/12/23 200

Signature of the insured [Signature]