

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.	ASHIF ALI 9026496095
2	Vehicle No. / वाहन संख्या	UP74AR 1735
3	Policy No. / पालिसी संख्या	252400/31/2026/54678
4	Period of Insurance / बीमा अवधि	01/11/2025 To 31/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025, 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	SAURIKH
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ASHIF ALI UP74-20180001391 9026496095
8	Estimated Loss / अनुमानित हानि	10000/-
09.	Cause of Accident / दुर्घटना का कारण : अपने घर से दुकान जा रहे थे तभी रास्ते में रोड पर अचानक कुत्ता निकल पड़ा इससे बचाने में चक्कर में गाड़ी गड़दे में जा शिरी और टूट गई। किसी को कोई चोट नहीं है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	AK MOTORS INDEGGARH ROAD TALGRAM 205731 9173030786

Date / दिनांक :
हस्ताक्षर 18/12/2025

Signature of Insured / बीमाधारक के
ASHI ALI



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. 252400/31/2026/54670

Tel. No.

Period of Insurance 01/11/25 TO 31/10/2026

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 : ASHIF ALI
 (b) Address for correspondence : SARJANI NAGAR SAURIKH KANNAUS
 (c) Telephone : 9026496095

2. THE INSURED VEHICLE

Make & Year <u>HERO, 2025</u>	Engine No. <u>HAIIF6SHE27902</u> Chassis No. <u>MBLHAW475SHFC3456</u>	Registration No. <u>UP74AQ</u> <u>1735</u>
----------------------------------	--------------------------------------------------------------------------	--------------------------------------------------

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

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 : N/A
 (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 : ABHIF ALI
(b) Age : 27
(c) Address : SAROJANI NAGAR SAURIKHI KANNAUJ
(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 : UP74-20180001391
(h) Issuing Authority : KANNAUJ
(i) Date of Expiry : 16/02/2038
(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 : 15/12/2025 4: P.M
(b) Place : SAURIKHI
(c) Speed of vehicle at the time of accident : 15
(d) Give a short description of the accident : अचानक बाइक गडबडी जा रही थी रास्ता में अचानक बाइक रुक गई
(e) If any third party was responsible for this accident give the name and address : एचटी डेपॉजिट ऑफिस के पास से बाइक रुक गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AC PER. ESTIMATED
(b) Estimated cost of repairs : 10000/-
(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? _____ N/A
(f) Has theft been reported to Police? _____
(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 10/12/15 200

Signature of the insured ASIA ALI