

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

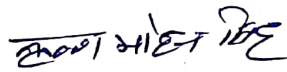
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	KRISHNA MOHAN SINGH M= 9838690631
2	Vehicle No. / वाहन संख्या	UP520A5690
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/462694
4	Period of Insurance / बीमा अवधि	25/8/2025 To 24/10/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025 6:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	हिरवापुर चौक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	KRISHAN MOHAN SINGH
8	Estimated Loss / अनुमानित हानि	4964/-
9	Cause of Accident / दुर्घटना का कारण : मैं देवदिया से घर आ रहा था रास्ते में हिरवापुर चौक पर अचानक सामने से मोटर साइकिल ने टक्कर मार दी जिससे गाड़ी अनियंत्रित होकर रोड पर गिर गई जिससे गाड़ी क्षति गहरा हो गयी।	
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 Motors 9918504509

Date / दिनांक :

हस्ताक्षर

18/12/2025

  
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 \_\_\_\_\_

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

MS/2025/7001/0/46575/462694

Certificate/Policy No. \_\_\_\_\_

Period of Insurance 25/0/2025 To 24/0/2025

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  
(b) Address for correspondence  
(c) Telephone

KRISHNA MOHAN SINGH  
VILL-RAMPUR CHANDRA BHAN DEORIA

## 2. THE INSURED VEHICLE

Make & Year HERO 2013	Engine No. HAJ0ENDHF64140 Chassis No. MBLHA10AWDHF46732	Registration No. UP252AA 5690
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- (a) Was the vehicle in proper working condition? S  
(b) For what purpose was the vehicle being used at the time of accident? pochawal  
(c) Was trailer attached? No  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached? No  
2. Was a pillion rider carried? No

## 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 : Yes  
(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 : KRISHAN MOHAN SINGH  
 (b) Age : 12-8-1972  
 (c) Address : Rampur Chandra Bhan Amalahi Danda  
 (d) Is the Driver  
 1. Owner   
 2. paid driver? : No  
 3. Owner's relative or friend? : No  
 (e) If paid driver, how long has he been in your employment : No  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UP52 20030003079  
 (h) Issuing Authority : Deoria  
 (i) Date of Expiry : 11-08-2032  
 (j) Was the licence temporary/permanent : permanently  
 (k) Details of endorsement/suspension, if any : No  
 (l) Has he been involved in any accident before? : No  
 (m) Has he been charged by the policy? If so, Why? : No

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 6:00 PM  
 (b) Place : डिंडवापुर रोड  
 (c) Speed of vehicle at the time of accident : 50 km  
 (d) Give a short description of the accident : मैं पीएल से वाहन का सही जो रास्ता में हिर-वापु चौक पर  
 (e) If any third party was responsible for this accident give the name and address : आपनक सामने में भारत सोडलिस ने वजन काट दिया जिससे गाड़ी अनियंत्रित होकर शिष्ट पट छिरे पट गर गद जिसे गाड़ी क्षति वास्तु हो गली

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :  
 (b) Estimated cost of repairs : 4064/-  
 (c) When and where can the damaged vehicle be inspected : Shri Sai Motors

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 : No  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

