

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.	ब्रजेश कुमार 8077167618
2	Vehicle No. / वाहन संख्या	UP74 AP7906
3	Policy No. / पालिसी संख्या	2218003125P110457946
4	Period of Insurance / बीमा अवधि	30/09/2025 to 29/09/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/12/2025 सुबह करीब 11:00 Am
6	Place of Accident / दुर्घटना का स्थान	सकलवा 1/5 हसनपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	केश कुमार 7060602024 UP7420170006993
8	Estimated Loss / अनुमानित हानि	11000 ₹
09.	Cause of Accident / दुर्घटना का कारण :	मेप अवीणा सकरावा भरखे आ शायतके से सामने से लेके रफ्तार ब्राहम नै सामने से खरक माह पै मिलले मोटरसाइकिल केति गस्त हो गई ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SM MOTORS SOPRANA 912063963

Date / दिनांक : 18/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

ब्रजेश



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 MERUT

Certificate/Policy No. 2218003125 P/10 45 79 96

Tel. No.

Period of Insurance 30/03/2023 to 29/09/2023
 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 : RAJESH KUMAR
 (b) Address for correspondence : _____
 (c) Telephone : 80 77 16 76 18

2. THE INSURED VEHICLE

Make & Year <u>2018</u>	Engine No. <u>HAI1FBSHF 00417</u> Chassis No. <u>MBC HAW330SHF 00482</u>	Registration No. <u>UP74 AP 796L</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

10/11

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 : 10/11
 (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 : KARAN KUMAR
(b) Age : 31
(c) Address : HADH PUR
(d) Is the Driver :
1. Owner :
2. paid driver? : SAH
3. Owner's relative or friend? : 1/10
(e) If paid driver, how long has he been in your employment : HA
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP7420170006793
(h) Issuing Authority : RA - KANHAUS
(i) Date of Expiry : 10-09-2027
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? : 1/10
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 18/10/2025 11:00 AM
(b) Place : KANHAUS
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
HA SAH PUR
1/10

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 1500
(c) When and where can the damaged vehicle be inspected : P

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 : 1/10
(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 : _____

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 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 18/12/2025

Signature of the insured [Signature]

केनरा बैंक



Canara Bank

NAME AND ADDRESS OF BRANCH:

SAKRAWA

CANARA BANK

VILL SAKRAWA, KANNAUJ DIST

KANNAUJ DIST

UTTAR PRADESH-209747

IFSC Code: CNRB0019387 MICR Code: 209015311

Tel No: 0

Email ID: cb19387@canarabank.com

Foreign Exchange/SWIFT Code: CNRBINBBFD

Contact details of Banking Ombudsman:

Centralized Receipt and Processing Centre (CRPC)

Office of Banking Ombudsman

Reserve Bank of India

4th Floor, Central Vista, Sector-17

CHANDIGARH-160017

Toll Free No. 14448

Online Complaint Registration Portal: <https://cms.rbi.org.in>

Account No: 110272116206

Product Name : CANARA BASIC SAVINGS BANK DEPOS

Product Code : 108

NAME(S)

BRJESH KUMAR

Occupation

UNEMPLOYED

Address

S/O: JLEDAR HASANPUR SHAREEPHABAD, DADAUNA DARALNA CHHIBRAMAU KAN
UTTAR PRADESH, DARALNA-209747-UTTAR PRADESH-INDIA
PIN/ZIP number: 209747

Customer ID : 334862754

DOB/DOR : 01-JAN-1975

A/C Opened On

17-OCT-2025

Mode of Operation:

PB Issue Date: 29-OCT-2025

Mobile: 918077167618

Email:

कृते केनरा बैंक For Canara Bank

PAN NO: GOIPK4291F

KYC Identifier:

Nominee Reg: Y

PPO No:

Nominee Name: SACHIN
KUMAR

Nominee Reg No: 1938700002734

अधिकारी / प्रबंधक Officer / Manager