

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Rajesh, 9670780340
2	Vehicle No. / वाहन संख्या	UP37CE4510
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/42565
4	Period of Insurance / बीमा अवधि	2025/04/13 15:38 pm mid night of
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2026/04/12 16/12/2025, 6:00 AM शनि
6	Place of Accident / दुर्घटना का स्थान	शाकरपुर के पास /
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajaram, UP3720190009222 7652023522
8	Estimated Loss / अनुमानित हानि	10,942
9	Cause of Accident / दुर्घटना का कारण :	कवलपुरवा से लखीमपुर भाते स्थान शाकरपुर के पास अचानक सामने जातवर आ गया जिससे भाड़ी क्षतियंत्रित होकर वधि साइड गिरकर क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	X
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	X
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Auto Sales, Meerpur Lakhimpur Kheri, 9152254095

Date / दिनांक : 19/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के


राजेश



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. _____

Certificate/Policy No. MS/2025/7001/0/96575

Period of Insurance 13/69/2025 To 925651

Claim No. 2026-64-12

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
 (b) Address for correspondence : R/O Kunal Bhumra Ashogapur Khuri, Nakhra
 (c) Telephone : 9670130340

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp Ltd. 2024</u>	Engine No. <u>HAFER RHD 20319</u> Chassis No. <u>MBLHAW 219 RHD 068</u> <u>49</u>	Registration No. <u>UP31CE 4570</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

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
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajaram
(b) Age : 33 years
(c) Address : Vill. Kunalpur PO Nakha PS-Klu
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend? Relation
(e) If paid driver, how long has he been in your employment : X
(f) Was he under the influence of intoxication. Liquor or drugs? X
(g) Driving Licence Number : UP31 20190 009222
(h) Issuing Authority : RTO Jakhampur
(i) Date of Expiry : 31/03/2039
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : X
(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 : 16/12/2025 6:00 AM (शुक्र)
(b) Place : राजपुरा के पास
(c) Speed of vehicle at the time of accident : 20-30 km/hr
(d) Give a short description of the accident : बिना वजह के एक गाड़ी ने सामने से टक्कर मारी
(e) If any third party was responsible for this accident give the name and address : राजपुरा के पास गाड़ी चालक

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : as per the estimate
(b) Estimated cost of repairs : 10422
(c) When and where can the damaged vehicle be inspected : X

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
(b) Address : _____
(c) Full Details of personal injury sustained : NA
(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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NA

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? :

NA

- (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 Police Station?
- (i) C.R. diary Number

NA

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 19/12/2020

Signature of the insured 

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200_____

From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____

(In words Rupees _____)

in full and final settlement of the loss and/or damage caused through the accident to my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of the said company and accident which occurred on or about _____ I/We give the discharge receipt to the Company in full and final settlement of all my/our claims present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank