

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name Rohit Kumar  
(b) Age 35  
(c) Address \_\_\_\_\_  
(d) Is the Driver  
1. Owner \_\_\_\_\_  
2. paid driver? \_\_\_\_\_  
3. Owner's relative or friend? Relative  
(e) If paid driver, how long has he been in your employment \_\_\_\_\_  
(f) Was he under the influence of intoxication (Liquor or drugs)? \_\_\_\_\_  
(g) Driving Licence Number UP 71 9019 0019 756  
(h) Issuing Authority \_\_\_\_\_  
(i) Date of Expiry 15/08/2039  
(j) Was the licence temporary/permanent Permanent  
(k) Details of endorsement/suspension, if any \_\_\_\_\_  
(l) Has he been involved in any accident before? \_\_\_\_\_  
(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 17/12/2025 7:30 PM  
(b) Place Chamsabad  
(c) Speed of vehicle at the time of accident \_\_\_\_\_  
(d) Give a short description of the accident Shamshad Merchant da Apni Lihan Padhe per Shamshad Jato Samay Bichi Rode me Achmat Samno Se kutta  
(e) If any third party was responsible for this accident give the name and address Angara Jais ~~...~~ meo roko gela takna kea Slip Ho Cal

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage \_\_\_\_\_  
(b) Estimated cost of repairs \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected Shiv Ram Auto Sald

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 \_\_\_\_\_  
(e) Full details of property damaged \_\_\_\_\_  
(f) Has notice of any claim been given to you? \_\_\_\_\_

III. INQUIRY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? N/A

(b) If yes, give full details \_\_\_\_\_

9. WITNESS

(a) Give name and addresses of passenger/other witness, if any \_\_\_\_\_

(b) Did a Police Constable take particulars of the accident? N/A

(c) Was accident reported to Police? If not, Why? \_\_\_\_\_

(d) If yes, to which Police Station? \_\_\_\_\_

(e) Date and Duty 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 it been reported to Police? \_\_\_\_\_

(g) Where? \_\_\_\_\_

(h) Which Police Station? \_\_\_\_\_

(i) C.R. duty 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 judge or arbitrator or other person appointed in connection with the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date: 19/10/2025

Signature of the Insured

Sandeep Kumar

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस 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.	Sandesh Kumar 9415509609
2	Vehicle No. / वाहन संख्या	UP7EAL01979
3	Policy No. / पालिसी संख्या	252467/31/2021/39973
4	Period of Insurance / बीमा अवधि	07/10/2025 - 02/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/2025 7:30 PM
6	Place of Accident / दुर्घटना का स्थान	Shamsabad
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rohit Kumar UP7E 20190002706
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	Shamsabad Market Se Apni Lhan Balerpur Bhagwant Jante Samay Bichi Raste Mei Achnak Samne Se kutta lagaya firse Mein motorcycle <del>hara</del> Takra karalip Ho gai
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	Shamsabad Shani Ram Auto Scales Shamsabad

Date / दिनांक : 19/12/2025  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Sandesh  
Kumar

The Oriental Insurance Company Limited  
 (Incorporated in India and registered office in the State of Madhya Pradesh)  
 Regd. Office: Oriental House, P. B. No. 2037, A-25-25, Ashok Vihar, New Delhi - 110 002

**MOTOR CLAIM FORM**

Div. & Office address \_\_\_\_\_  
 Tel. No. \_\_\_\_\_  
 Certificate Policy No. 838100/31/02-14/39993  
 Period of Insurance 63/10/2025 - 02/10/2026  
 Claim No. \_\_\_\_\_

**THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**  
 Please answer all relevant questions fully.

1. THE DRIVER  
 (a) Name: Sandeep Kumar  
 (b) Address for correspondence: Beediwar Bhagwan Pranjyano (Hd)  
 (c) Telephone: \_\_\_\_\_

2. THE INSURED VEHICLE  
 Make & Year: Yezoo  
 Engine No.: YB14VESHHE-1320  
 Chassis No.: YB14V498HJ107A  
 Registration No.: UP76AL01989

(a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? Yes  
 (c) If a Motor Cycle/Scooter  
 1. Was a side-car attached? \_\_\_\_\_  
 2. Was a pillion rider carried? \_\_\_\_\_

**III. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)**

The following questions need to be answered in commercial vehicles only:

(a) Registered laden weight \_\_\_\_\_  
 (b) Gross Weight \_\_\_\_\_  
 (c) Weight of goods carried (load Chitlan No. \_\_\_\_\_)  
 (d) Nature of goods carried \_\_\_\_\_  
 (e) Was the vehicle plying for hire? \_\_\_\_\_  
 (f) If Lorry/Jeep/Tractor, was trailer attached? \_\_\_\_\_  
 (g) Number of passengers carried \_\_\_\_\_  
 (h) Number of passengers injured \_\_\_\_\_  
 (i) \_\_\_\_\_

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