

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

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	VIKRAM PRASAD M= 9005200149
2	Vehicle No. / वाहन संख्या	UP52 BH 8424
3	Policy No. / पालिसी संख्या	MS/8025/7001/0/46575/416928
4	Period of Insurance / बीमा अवधि	17/03/2025 To 16/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/12/2025 10:00 AM सुबह
6	Place of Accident / दुर्घटना का स्थान	देवरिया ओआर डिविज के पास
7	Name of the Driver, DL No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jibendra Kumar
8	Estimated Loss / अनुमानित हानि	5644/-
09. Cause of Accident / दुर्घटना का कारण : क्रैश एरका जाड़ी केकट चैरिज का रोकना चैरिज ओआर डिविज के पास कनानक सभने कुत्ता आ गज अरु कुत्ता से टक्कर कर गिरे अरु लिसेस जाड़ी चैरिज अरुस हो-गया उस समय Jibendra Kumar जाड़ी चैरिज रोकना		
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 :

रस्ताक्षर 18/12/2025

Signature of Insured / बीमाधारक के

Phone No — 9005200149



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 _____

ms/2025/7001/0/46 575/4169 20

Certificate/Policy No. _____

Tel. No. _____

Period of Insured 7/9/25 To 16/9/2026

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 : VIKRAM PRASAD
- (a) Name : VIKRAM PRASAD
- (b) Address for correspondence : VIL-SARVEST MANI BELWA BAZAR
- (c) Telephone : DEWA
2. THE INSURED VEHICLE : DEWA

Make & Year HERO 2020	Engine No. H011EXL9J16172	Registration No. UP52BH 8424
	Chassis No. MBCHBL109L9J16640	

- (a) Was the vehicle in proper working condition? S
- (b) For what purpose was the vehicle being used at the time of accident? poshard
- (c) Was trailer attached? N/A
- (d) If a Motor Cycle/scooter
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 Chellan 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 _____



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 Police 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 19/12/25 200

✓ विमल प्रसाद
Signature of the insured _____