

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.	SANJAY YADAV M= 9319208440
2	Vehicle No. / वाहन संख्या	UP52CT 2095
3	Policy No. / पालिसी संख्या	252400/31/2026/43951
4	Period of Insurance / बीमा अवधि	15/10/2025 To 14/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/12/2025 6:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	हेतिमपुर चौरहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANIL KUMAR SINGH
8	Estimated Loss / अनुमानित हानि	13617/-
9	Cause of Accident / दुर्घटना का कारण : मैं अपने मित्र के साथ कुशीनगर से घर आ रहा था रास्ते में हेतिमपुर-चौरहा के आगे अचानक सामने से दायां सड़क से हि-किशा ने लफ्फा मार दिया जिससे गाड़ी अनियंत्रित हो कर धक्के खाते हुए गिरा उस समय Anilkumar Singh गाड़ी चला रहा था।	
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 / फोन नं.	Shri Sai Motors 99185204509

Date / दिनांक :

हस्ताक्षर 20/12/2025


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 _____

252400/31/2016/43951

Tel. No. _____

Certificate/Policy No. _____

Period of Insurance 15/10/2025 To 14/10/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

- (a) Name : 1. INSURED : Sanyoj Yadav
- (b) Address for correspondence : _____
- (c) Telephone : M/s- Piprahi Pr. Karyaha Doria

2. THE INSURED VEHICLE

Make & Year HERO 2025	Engine No. Chassis No. HBA1F4SHJ02156 MBLHAU434SHJ30003	Registration No. UP52CD 2095
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- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? Personal
- (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 : A/C
 - (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 Anil Kumar Singh
 (b) Age 25-04-1998
 (c) Address Vill- Piparaki Piparaki Dist-

(d) Is the Driver
 1. Owner NA
 2. paid driver? NA
 3. Owner's relative or friend?

(e) If paid driver, how long has he been in your employment NA

(f) Was he under the influence of intoxication Liquor or drugs? NA

(g) Driving Licence Number UP52 20230002348
 (h) Issuing Authority Dawan
 (i) Date of Expiry 24-4-2030
 (j) Was the licence temporary/permanent permanent
 (k) Details of endorsement/suspension, if any NA
 (l) Has he been involved in any accident before? NA
 (m) Has he been charged by the policy? If so, Why? NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time 18/12/2025 Giddan Shik
 (b) Place राजपुरा
 (c) Speed of vehicle at the time of accident 30 km/hr
 (d) Give a short description of the accident श्री अनिल कुमार सिंघु जी द्वारा गाड़ी चलाते समय अचानक सामने से एक गाड़ी आया जिससे टक्कर मारी और गाड़ी धक्के से रुकी और अनिल कुमार सिंघु को घायल कर दिया।
 (e) If any third party was responsible for this accident give the name and address श्री अनिल कुमार सिंघु का पता राजपुरा, बिलासपुर, छत्तीसगढ़।

(a) Full details of damage 13617/-
 (b) Estimated cost of repairs
 (c) When and where can the damaged vehicle be inspected श्री श्री मोहन

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name NA
 (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? NA

