

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.	Preetam kumar +569349811
2	Vehicle No. / वाहन संख्या	UP76AU3694
3	Policy No. / पालिसी संख्या	252400/31/2025/76003
4	Period of Insurance / बीमा अवधि	09/01/2025 - 08/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18-12-2025 - 6:30 PM
6	Place of Accident / दुर्घटना का स्थान	Amlethra
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chaitanya UP762022015293 +569349811
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	Kaungraj Se Apni bhai Bakshaji jate samay Bichi Raste Amlethra kaon ke pass Achanak Samu Se kutle Se Takkan Ho gaya jise Meri Motorcycle Slip Ho kar 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.	Shri Ram Auto Sales Shamsabad

Date / दिनांक :
हस्ताक्षर 08/12/2025

Signature of Insured / बीमाधारक के
प्रीतम कुमार


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 _____ Certificate/Policy No. 252400/31/2025/76803
 Tel. No. _____ Period of Insurance 09/01/2025 - 08/01/2026
 Claim No. _____

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

1. THE INSURED
 (a) Name Preetam Kumar
 (b) Address for correspondence Bokaruni Anandjiya Ashanand (Fbd)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u>	Engine No. <u>JA1160RYK-35726</u> Chassis No. <u>JA14AW237RYK-17089</u>	Registration No. <u>UP7EAV 3694</u>
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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? N/A
- (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 to 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 | _____ |
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Harsh
- (b) Age : 23
- (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 46 2022 0016 293
- (h) Issuing Authority : _____
- (i) Date of Expiry : _____
- (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 : 10-12-2025 6:30 PM
- (b) Place : Amalwara
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : Kaamgong se Apur bhau Bakawali gale samay
- (e) If any third party was responsible for this accident give the name and address : Bidu Rasta Amalwara man pass Achenak Samra se kutte se Takkar ho gayi gize maxi motorcycle chip ho kar gir gai

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 : _____

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? : _____
- N/A

8. INQUIRY TO DRIVER/OCCUPANT

- (a) Was driver/occupant injured? N/A
 - (b) If yes, give full details _____
 - (c) _____
9. WITNESS
- (a) Give names and addresses of passengers/other witnesses, if any _____
 - (b) _____
 - (c) _____
 - (d) _____
 - (e) _____

10. THEFT

- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated value of replacement? _____
- (e) Has theft been discovered and reported? _____
- (f) When? _____
- (g) Which Police Station? _____
- (h) C.R. diary Number _____
- (i) _____

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 do hereby declare that I/we have not made or in any (further) declaration on the Company may require in respect of the said accident or theft that I/we have made any false or fraudulent statement of any suppression or concealment, the Police shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 28/12/2015

Signature of the Insured [Signature]