

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.	आसीर खां 9889581087
2	Vehicle No. / वाहन संख्या	UP31CJ6824
3	Policy No. / पालिसी संख्या	252400/31/2025/75431
4	Period of Insurance / बीमा अवधि	02/04/25-02/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/25-01:30PM
6	Place of Accident / दुर्घटना का स्थान	मझरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	महफूज खान-UP31CJ6824/9889581087
8	Estimated Loss / अनुमानित हानि	6482/-
09.	Cause of Accident / दुर्घटना का कारण :	गजिमापुर से बरसोला जाते समय मझरा के पास सामने अचानक अज्ञात मोटरसाईकिल आ जाने से उसके अचानक समय गाड़ी डिस्बैलेंस होकर बायें की तरफ गिरकर क्षतिग्रस्त हो गयी। गाड़ी आसीर खां के बच्चे महफूज खान चला रहा था।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	मंघी
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	मंघी
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	सियाराम आगे सेल्स - टुलैरवा 9918134729

Date / दिनांक : 24/12/25  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
आसीर खां



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. 252400/31/225/75431

Tel. No. \_\_\_\_\_

Period of Insurance 02/04/25 - 02/04/26

Claim No. \_\_\_\_\_

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

I. INSURED

- (a) Name  
(b) Address for correspondence  
(c) Telephone

आसीर खां  
दुखैखा नानकार  
9089501087

2. THE INSURED VEHICLE

Make & Year HERO 2024	Engine No. <u>HAWER 29H22914</u> Chassis No. <u>MBLHAW231R9H01247</u>	Registration No. UP31E5 6824
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- (a) Was the vehicle in proper working condition? हां  
(b) For what purpose was the vehicle being used at the time of accident? निजी कार्य हेतु  
(c) Was trailer attached? नहीं  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached X  
2. Was a pillion rider carried X

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 : महेश कुमार शर्मा
- (b) Age : 40y
- (c) Address : बरसोला
- (d) Is the Driver
1. Owner :
  2. paid driver? :
  3. Owner's relative or friend? : बहनोई
- (e) If paid driver, how long has he been in your employment : X
- (f) Was he under the influence of intoxication Liquor or drugs? : नहीं
- (g) Driving Licence Number : UP3120170004190
- (h) Issuing Authority : 2MP
- (i) Date of Expiry : 31/12/2039
- (j) Was the licence temporary/permanent : Y
- (k) Details of endorsement/suspension, if any : X
- (l) Has he been involved in any accident before? : नहीं
- (m) Has he been charged by the policy? If so, Why? : नहीं

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 20/11/25 - 1:30 PM
- (b) Place : भस्मरा
- (c) Speed of vehicle at the time of accident : डिमिल्लीत नहीं
- (d) Give a short description of the accident : डिमिल्लीत एस एमए बायें पलर गभी।
- (e) If any third party was responsible for this accident give the name and address : नहीं

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : इन्स्युर के अनुसार
- (b) Estimated cost of repairs : 64021-
- (c) When and where can the damaged vehicle be inspected : सिपाराम भाये सेल्ल

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? : /
- NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(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? : NA  
(g) When? : \_\_\_\_\_  
(h) Which Policy 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 29/11/20

Signature of the insured उत्तम खों

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 ..... आशीर खां  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....