

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.	ASHA RAM 9236739273
2	Vehicle No. / वाहन संख्या	UP3JCK7215
3	Policy No. / पालिसी संख्या	252400/32/2025/92870
4	Period of Insurance / बीमा अवधि	08-03-25 to 07-03-26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-12-25, 12:30pm
6	Place of Accident / दुर्घटना का स्थान	Belhary ke Pass.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Abwind kumar 9236739273 UP3L20130000405
8	Estimated Loss / अनुमानित हानि	19000
9	Cause of Accident / दुर्घटना का कारण :	अपने घर से गोला जोते समय बेलहरी के पास सामने से गाड़ी आ जाने के कारण बस छोड़ी गई जिससे गाड़ी अनियंत्रित होकर दाहिने बर्फ शिखर की ओर जा गयी और गाड़ी अश्विन कुमार के पास जा गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RUK AUTOSALES Neemgauron 7838743564

Date / दिनांक 20/12/2025
हस्ताक्षर

आशाराम

आशाराम

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 Meesrut

Certificate/Policy No. 252400/21/2025/92870

Tel. No.

Period of Insurance 03/03/25 to 07/03/26
 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 : ASHA RAM
 (b) Address for correspondence : Vill- Bilochapur Post Koraya (Khasi)
 (c) Telephone : 9236739273

2. THE INSURED VEHICLE

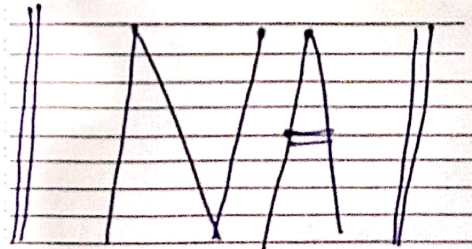
Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HATE7SHB10866</u> Chassis No. <u>MBLHAW215SHB08404</u>	Registration No. <u>UP3LCK</u> <u>7215</u>
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(a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Personal Use
 (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
- (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 Anvird Kumar.
 (b) Age 39
 (c) Address Vill-Pipra past Gudhaniyakhery
 (d) Is the Driver
 1 Owner No
 2 paid driver? NO.
 3 Owner's relative or friend? YES
 (e) If paid driver, how long has he been in your employment friend.
 (f) Was he under the influence of intoxication Liquor or drugs? No
 (g) Driving Licence Number UP3120130008405
 (h) Issuing Authority RHEI
 (i) Date of Expiry 16-08-2033
 (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 Na

5. DETAILS OF ACCIDENT

(a) Date and Time 20-12-25, 12:30 Pm.
 (b) Place Bedhargi ke Pass.
 (c) Speed of vehicle at the time of accident 25
 (d) Give a short description of the accident वृष्टि हर से गीली जति समय चल एकि पासु समिते
 (e) If any third party was responsible for this accident give the name and address जो गीली ठुलानक करण अकर हा गया। जिससे गीली
अन्यथा वन सकर वगैर करण करण 2 सिलेसक वगैर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per Estimate
 (b) Estimated cost of repairs 19000
 (c) When and where can the damaged vehicle be inspected RUK AUTO SALES.

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? NA
(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 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 20/12/2025

अशोक
Signature of the insured